**INSTRUCTIONS: COMPLETE AND EMAIL TO WendyS@SpiritualLiving.org**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Birthdate: |  |
|  |
| Address: |  |  |  |  |
|  | *Street* | *City* | *State*  | *Zip Code* |
|  |
| Day Phone |  | Evening Phone |  |
|  |
| Email address |  |
|  |
| Former names |  | Present Church Affiliation |  |
|  |
| Length of Membership at CSL Seattle |  | Email address |  |
|  |
| If you have less than 6 months of membership at CSL Seattle, name your previous Church Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Also attach a letter of recommendation for Practitioner studies from your previous Minister.) |

Following are the basic requirements for entrance into Professional Practitioner Studies. You are expected to conduct yourself in a manner befitting a Professional Prayer Practitioner-in-training. Please check the items that apply to you, providing an explanation of any item for which you do not meet the qualifications. Final acceptance into Professional Prayer Practitioner Studies is at the discretion of the Senior Minister.

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| --- | --- |
| \_\_\_1a. | I have completed the required basic Science of Mind classes. (See List of Requirements) |
| \_\_\_1b. | I have committed to an agreed upon plan for the completion of #1a to be reviewed in entrance interview. |
| \_\_\_2. | I am an active member in CSL Seattle. If not, I have been an active member in another UCSL church for at least six months and am now a member of CSL Seattle. Attached is a letter of recommendation from my previous Minister (To become a licensed Practitioner, you must have been a member of a UCSL church for a minimum of two years.) |
| \_\_\_3. | I am at least 21 years of age |
| \_\_\_4. | I am emotionally and socially mature |
| \_\_\_5. | I am financially responsible |
| \_\_\_6. | I will be tithing (10% of income) to Center for Spiritual Living Seattle, as my spiritual home, consistently as of the first month of Practitioner II class (September 2015). |
| \_\_\_7. | I am dedicated to lifelong learning, self-knowledge, and spiritual practice |
| \_\_\_8. | I am willing to take responsibility for my own learning. |
| \_\_\_9. | I behave in a professional manner exemplifying Science of Mind principles in all areas of my life. |
| \_\_\_10. | As part of the training, I am willing to be of service in varied areas of the church estimated 6-9 hours per month in accordance with the guidelines set forth in the Practitioner Practicum Program |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following. Type your answers in the fields as shown. The fields will expand to fit what you type.**

|  |
| --- |
| 1. **I am applying to Practitioner Studies because (100-150 words):**<Start typing here> |
| 2. **Spiritual Biography: What is your religious and/or spiritual background, including how your spiritual life has evolved? (250-300 words)**<Start typing here> |
| 3. **I bring to this study (50-150 words):**<Start typing here> |
| 4. **I expect that this study will give me (50-150 words):**<Start typing here> |
| 5. **Use this area for providing explanation of any area for which qualifications are not met:**<Start typing here> |

**Recommendation:** **Keep a copy for your records.**

**Course Completions: Mth/Yr Anticipating**

 **Instructor Mth/Yr. Completed Completion**

**BEYOND LIMITS \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPIRITUAL PRACTICE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SELF MASTERY \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTRO TO BIBLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**ESSENTIAL ERNEST \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**FINANCIAL FREEDOM \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**ROOTS OF NEW THOUGHT \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**INWARD JOURNEY \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEMBERSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**