

# Professional Transition Specialist (PTS) IMN Designation Application

PLEASE PRINT

Date:

Name:

Address:

City, State and Zip Code:

Country:

Telephone: home (     )

office (     )

Cell phone: (     )

E-mail: home

office

## **I     Basic Education-Minimum 60 Contact Hours**

I have completed the IMN Basic Education program within the past four years and I enclose a copy of my completion certificate.

Coordinators and Trainers:

Location(s):

Dates:

I have completed the IMN Basic Education program or its equivalent more than four years ago and/or I am applying for re-instatement. I agree that I may be required to complete an upgrade or refresher course before my application is approved.

Course Completed:

Coordinators and Trainers:

Location(s):

Dates:

For IMN's consideration and accreditation, I am attaching transcripts and course descriptions of applicable coursework not offered through IMN. (Add Additional Pages for Course Listings as Necessary)

College or University:

Course and Instructor:

Dates:

## **II Advanced Education-Minimum 30 Contact Hours**

The Professional Transition Specialist requires 30 contact hours of education outside the completion of Basic Education. The work must be in relevant topics and completed within the 3 years prior to the date of application. IMN reserves the right to reject un-accredited academic courses. The Committee may require a test or written essay to evaluate the satisfactory achievement of advanced education. List your courses below or submit an educational resume of advanced education for consideration. Include independent verification of completion such as a certificate or transcript. Attendance at an IMN Annual Conference earns 16 contact hours of credit one time only.

**1. Subject:**

Course Provider:

Instructor:

Location

Date:

Number of Contact Hours:

I have attached a certificate of completion and/or transcript of course

**2. Subject:**

Course Provider:

Instructor:

Location:

Date:

Number of Contact Hours:

I have attached a certificate of completion and/or transcript of course

**3. Subject:**

Course Provider:

Instructor:

Location:

Date:

Number of Contact Hours:

I have attached a certificate of completion and/or transcript of course

### **III Demonstrated Experience-Minimum 2 years transitional ministry**

Candidates must establish independent verification of two years experience in transitional ministry or the equivalent. To establish experience, submit with this application all of the following items:

- ( ) A copy of your professional resume or profile to document experience.
- ( ) A letter of good standing from your denominational administration that warrants your settled and interim experience and resume.
- ( ) A letter from a qualified mentor verifying at least six hours of guidance over the past twelve months. **The letter from the mentor must state what topics were discussed in the required hours.**
- ( ) A notarized signed copy of the attached verification statement.  
(See Warrant Attached)

### **IV Payment**

- Application Fee \$100 Enclosed
- First Year Designation Fee \$50 Enclosed
- Agree to Pay Annually \$50 in addition to membership dues to maintain status-as billed with membership dues invoice

### **V Signature**

Please consider this as my completed application.

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

**Please mail completed application to:  
Education and Membership Manager, Interim Ministry Network, 5740 Executive Drive, Suite 212, Baltimore, MD 21228**

# Professional Transition Specialist Warrant

I, \_\_\_\_\_, warrant as true the following statements and agree that should the information later prove to be false my application is automatically null and void.

1. My interim experience includes no less than one year of service at the same location.
2. I have completed at least one interim position.
3. I have completed a total of no less than two years of interim service.
4. I am a current member in good standing of my denomination or church organization and a letter from the denominational office to verify my status is attached to this application.
5. I have an ongoing mentoring relationship with a trained and experienced interim pastor. A letter from my mentor is included with this application and it verifies that we have had no less than six contact hours of interaction over the past 12 months **and outlines the various issues that were discussed in our time.**
6. I certify that no civil, criminal or ecclesiastical complaint has ever been sustained against me and that none are pending. I have never been terminated for reasons of fiscal or sexual misconduct nor is any such action pending for reasons involving either fiscal or sexual misconduct.

Signed: \_\_\_\_\_

Attest: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Date: \_\_\_\_\_

Mail completed application and notarized Warrant to:  
**Education and Membership Manager**  
**Interim Ministry Network**  
**5740 Executive Drive, Suite 212**  
**Baltimore, MD 21228**