

## **Application for Supervisor Certification**

Name:	City, State, Zip:
_____	_____
Title:	Phone:
_____	_____
Name of Site:	E-mail:
_____	_____
Address:	Website:
_____	_____

Denominational Affiliation (personal and institutional, if applicable):  
\_\_\_\_\_

Number of months/years at this site? \_\_\_\_\_

Number of years in current role: \_\_\_\_\_

Are you an alum of HDS?  No  Yes Degree \_\_\_\_\_  
Year \_\_\_\_\_

Please check one:

- |  |   |
|--|---|
| <input type="checkbox"/> I am seeking supervisor training and certification from Harvard Divinity School. I am a supervisor at a new site and am also submitting an application for Site Accreditation with HDS. | <input type="checkbox"/> I am seeking supervisor training and certification through HDS. I am currently serving at a site which already has accreditation from Harvard Divinity School. |
|--|---|

Have you ever been certified as a supervisor with another BTI school?  
 No  Yes \_\_\_\_\_ Date of certification: \_\_\_\_\_  
(Name of school)

Is this site accredited with another Boston Theological Institute (BTI) school?\*

<input type="checkbox"/> N	<input type="checkbox"/> Yes _____
	(Name of school)

### **On a separate piece of paper, respond to the following questions:**

1. Please describe your educational background, including college, seminary/graduate, and previous supervisory training.
2. Please describe your experience in having been supervised and supervising others.
3. How do you envision supervising a student as a means of enhancing your ministry and/or professional development?
4. How do you envision an HDS student will enhance your work and the work of your site?
5. Please attach a résumé.

\*If yes, please refer to the BTI site-sharing policy on our website stating that a site can only be affiliated with one school within the BTI.