

**Application for Credentialed Persons Offering
Spiritual Direction and Pastoral Counseling**
to be listed on the Mountain States Mennonite Conference Website

Check one: Spiritual Director Pastoral Counselor

Name _____

Address _____

Email address _____ **Phone number** _____

Mennonite Conference Affiliation

How long have you been a member of Mountain States Mennonite Conference? _____

Which conference church are you a member of? _____

What is your credential status in MSMC? licensed active
 ordained retired

Professional training for Spiritual Direction or Pastoral Counseling

Training Institution(s) _____ Year of completion _____

Years of experience, including any lapses _____

What type of retreats have you led? _____

Describe your approach to Spiritual Direction / Pastoral Counseling:

Supervision / Accountability

How often do you meet with your own Spiritual director and Spiritual direction peer group? _____

What professional organization (s) are you a member of?

- Mennonite Spiritual Directors Network (MSDN)
- Spiritual Directors International (SDI)
- Other _____

General fee expected

I agree to abide by the Code of Ethics established by my professional organization and complete the Annual Accountability expectations of Mountain States Mennonite Conference.

Signature _____ Date _____

Please submit this form by email to Administrator@Mountainstatesmc.org