Faculty Certification Form

EBI Training Center of [city]

Association: __________________________

Please type this certification form and return it to the Training Center Director. Include your resume and official transcripts of postsecondary work. This is required for EBI courses taught at this site to be transferable to SCS. Together with the Site Director, each faculty member is responsible for maintaining the high standards of theological and practical training. The purpose of Faculty Certification is to assist EBI in developing articulation agreements with institutions of higher education—which will greatly benefit the students at this teaching site.

Personal
Full Legal Name

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Address

City        State        Zip

Home Phone        Cell Phone

Email

College/Seminary Education

Degree        Institution        City/State        Major        Dates Attended

1.

2.

3.

4.

Teaching/Ministry Experience

Church/School/Institution        City/State        Subjects/ Position        Dates

1.

2.

3.

4.
Pastor’s Reference

Type the names of your senior pastor or Director of Missions. If you are the pastor, give the name of another SBC pastor who knows you.

Name of Reference

Phone

Address

City State Zip

Relationship Years Acquainted to

Affirmations

Read each topic and initial where indicated. By initialing a topic you indicate that you have read it, that you affirm its content, and that any services you perform for EBI will be performed in accordance with it.

☐ Yes ☐ No Do you without reservation affirm the Baptist Faith and Message?

☐ Yes ☐ No Have you read the EBI Catalog and agree to follow it?

☐ Yes ☐ No Have you completed the EBI Faculty Ministry Agreement, and have given it to the Site Director?

Faculty Responsibilities

Faculty Responsibilities

☐ Give the Attendance Roster and Grades to the site director to be emailed to gwoods@socalsem.edu at the end of each course.

☐ Give copies of Course Enrollment and Grade Reports to the site director to be signed and distributed to students at the end of each course.

☐ Complete Faculty Certification forms and return to the site director.

☐ Complete Faculty Ministry Agreements and return a copy to the site director.

☐ Facilitate quizzes, discussion, and group activities as outlined in the Syllabus and Course Materials.

☐ Check that all students have turned in Applications and Course Enrollment Forms by the second class meeting and give new applications to the site director.

☐ Remind students to maintain a portfolio of all their booklets and visual projects for transfer of credit.

☐ Give a copy of all booklets and visual projects to the site director for when the EBI Director visits your site.

☐ Email or mail a copy of the best booklets and best projects in each course to EBI to be uploaded to the EBI website.

Please check Core Courses you are interested in teaching.

☐ 101 Bible Overview ☐ 216 Strategic Evangelism

☐ 102 Old Testament Survey ☐ 217 Communication Skills

☐ 103 Christian Life ☐ 218 Worship Evangelism

☐ 104 New Testament Survey ☐ 219 Principles of Teaching

☐ 105 Bible Interpretation ☐ 220 Pastoral Leadership

☐ 106 Theology 1 ☐ 221 Teaching to Change Lives

☐ 107 Theology 2 ☐ 222 Christian Apologetics

☐ 108 Personal Evangelism NET ☐ 223 Contextualized Church

☐ 109 Purpose Driven Church ☐ 224 Strategic Leadership

☐ 110 Analysis of Romans ☐ 225 Simple Essential Church

☐ 111 Church Starting ☐ 226 Baptist History

☐ 112 Planting Growing Church ☐ 227 Conflict Resolution

☐ 113 Church Administration ☐ 228 Crucial Issues

☐ 114 Biblical Marriage ☐ 229 Biblical Ethics

☐ 115 Spiritual Leadership ☐ 230 Experiencing God
Certifications

Certification by Applicant
I certify that the foregoing statements are true and correct. I certify that I will teach courses in accordance to the requirements and standards of the EBI syllabus. I will obtain permission from the site director and EBI before making changes to the EBI syllabus. This is necessary so that units may be transferred to Southern California Seminary (SCS).

Faculty Member Signature
Typed Name
Date

- Provide your resume with this application.
- Provide official transcripts of your postsecondary work to your teaching site director.

Certification by Training Center Director
I have reviewed the foregoing and to the best of my knowledge, the applicant ☐ is ☐ is not qualified as an instructor.

Training Center Director Signature
Typed Name
Date

Certification by EBI Director
I have reviewed the foregoing and to the best of my knowledge, the applicant ☐ is ☐ is not qualified as an instructor.

Executive Director Signature
Typed Name
Date
Transcript Request for Faculty Certification

Date ______________________

Full Name ____________________________________________________________

Date of Birth

Student ID Number

Phone (_____) ____________________________

Dates of attendance: ___________ to ___________

Current Address: _______________________________________________________

X ________________________________________________

Student Signature Date

Mail directly to schools that you attended along with transcript fee.