



# LIFE CHRISTIAN UNIVERSITY

## BIBLE TEACHING EXPERIENCE (BTE) APPLICATION

DATE: \_\_\_\_\_ CAMPUS CODE: \_\_\_\_\_ - \_\_\_\_\_

**YOU WILL NOT QUALIFY FOR BIBLE TEACHING EXPERIENCE UNLESS YOU CAN ANSWER “YES” TO EACH QUESTION BELOW.**

- Question 1:      **Yes**      **No**      Do you have the following experience teaching or preaching the Word of God:  
            More than 1 year as a lead/senior pastor - teaching or preaching?  
**OR**  
            More than 2 years in full-time ministry - teaching or preaching?  
**OR**  
            More than 3 years in part-time ministry\* - teaching or preaching?
- Question 2:      **Yes**      **No**  
            Have you taught the Word of God in services or formal classes sanctioned by the church?  
**OR**  
            Have you taught the Word of God as a traveling minister or evangelist?
- Question 3:      **Yes**      **No**  
            Has the majority of the material taught come from your own study of the Word of God?

**WARNING:** Conducting Sunday school classes, home Bible studies, or cell groups using pre-written curriculum does not count toward BTE credit. (Ministry of Helps does not qualify as Bible Teaching Credit.)

**ATTENTION! IF YOU WERE NOT ABLE TO ANSWER “YES” TO EACH OF THE QUESTIONS ABOVE, YOU DO NOT QUALIFY FOR BTE CREDIT. STOP HERE!**

**IMPORTANT:** Please print or type. All questions must be answered, including start and stop dates, or **application will not be processed** (use "N/A" if not applicable). The application must be signed and dated. Please keep a photocopy of the completed form for your records.

1. PERSONAL INFORMATION					
STUDENT NUMBER	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____
OCCUPATION		BY MY SIGNATURE, I CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE, ACCURATE, AND VERIFIABLE TO THE BEST OF MY KNOWLEDGE.			
EMAIL ADDRESS		SIGNATURE:		DATE:	

**INSTRUCTIONS:**

1. DO NOT SEND certificates, awards, documents, news articles, etc. These will not increase your BTE credit. Any published books or recordings submitted to substantiate credit for teaching will not be returned.
2. BTE Applications must be received within 60 days of your student application date. Later applications will not be accepted.
3. Include a \$40 Evaluation Fee with your application. For details on credits awarded and associated fees, see your Student Handbook.

\*If part-time, include the attached Pastor’s or Ministry Organization Leader’s Recommendation Form with your BTE Application.

## BIBLE TEACHING EXPERIENCE INFORMATION

BIBLE TEACHING EXPERIENCE

INVOLVEMENT: <input type="checkbox"/> LEAD/SENIOR PASTOR <input type="checkbox"/> MISSIONARY <input type="checkbox"/> BIBLE TEACHER <input type="checkbox"/> CHILDREN'S MINISTER (CHECK ONE) <input type="checkbox"/> ASST. PASTOR <input type="checkbox"/> EVANGELIST <input type="checkbox"/> YOUTH MINISTER <input type="checkbox"/> LAY MINISTER <input type="checkbox"/> OTHER (PLEASE SPECIFY)		
CHURCH / MINISTRY NAME		
ADDRESS	CITY	STATE / PROVINCE
	POSTAL CODE	COUNTRY
YOUR TITLE	<b>(REQUIRED)</b> START DATE (MM/YYYY)	<b>(REQUIRED)</b> STOP DATE (MM/YYYY) <input type="checkbox"/> ONGOING?
WERE YOU: <input type="checkbox"/> FULL-TIME PAID STAFF <input type="checkbox"/> PART-TIME PAID STAFF* <input type="checkbox"/> PART-TIME VOLUNTEER* (*IF PART-TIME, INCLUDE ATTACHED RECOMMENDATION FORM FROM YOUR PASTOR/MINISTRY ORGANIZATION LEADER.)		
HOW MANY TIMES A YEAR DID YOU TEACH?		
VERIFYING STAFF MEMBER'S NAME	VERIFYING STAFF MEMBER'S TITLE	VERIFYING STAFF MEMBER'S PHONE NUMBER (WITH AREA CODE)

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