



## MINISTRY DEVELOPMENT SERVICES

Presbyterian Psychological Services

5203 Sharon Road

Charlotte, NC 28210

704-554-9222 (phone) 704-554-9956 (fax)

[mds@presbypsych.org](mailto:mds@presbypsych.org)

### REGISTRATION FOR PASTORS AND PROFESSIONAL CHURCH WORKERS

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone \_\_\_\_\_ Email \_\_\_\_\_  
(Home) (Work)

Employer \_\_\_\_\_ Lay \_\_\_\_\_ Ordained \_\_\_\_\_

Denomination \_\_\_\_\_ Judicatory \_\_\_\_\_  
(for church professionals) (Conference, Presbytery, Synod, etc)

Age \_\_\_ Marital Status \_\_\_\_\_ Spouse/Fiancé(e)/Partner Name \_\_\_\_\_

I have a physical condition which makes it difficult or impossible for me to climb stairs:  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Type of Program  
\_\_\_\_\_ Standard Career Development Program  
\_\_\_\_\_ Pre-retirement Program

**I. Participation by spouses, fiancé(e)s, and partners is encouraged at our Center. Please check the option of your choice:**

- \_\_\_ Complete program as a joint client (full program for both)  
\_\_\_ Partial Participation (emphasis is on one career; no testing is provided)  
\_\_\_ Does not plan to participate

**II. I was referred to the Center by:**

\_\_\_ Myself  
\_\_\_ Other: Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

If you were referred to our Center by a church/denomination official, is a written report being requested by the referrer? \_\_\_ Yes \_\_\_\_\_ No

**Fees**

- A. Unless a referring judicatory is to be responsible for the entire fee, a registration fee is to be submitted with this application. **Program dates are not confirmed until the deposit is received.** In order to retain appointment date(s), this Registration form and a deposit (\$100.00) must be received no later than 14 days after an appointment has been scheduled and at least 7 days in advance of the appointment date. Please note that the deposit is **non-refundable, but can be applied to any program re-scheduled within one year of the initial appointment. Cancellations must be made within 14 business days of scheduled appointment in order to transfer the fee to a new appointment.**
  
- B. **The balance of the program fee is due and payable at the time of the program, except any portion to be paid by the judicatory** (conference, presbytery, synod, yearly meeting, etc.). Only judicatories will be billed. Payment may be made by check, money order or credit card. We accept VISA and Master Card.
  
- C. If your church will be responsible for all or part of your fee, you may bring a check from the church, payable to **Presbyterian Psychological Services**, to your appointment or you may pay for the church's portion of the fee yourself and be reimbursed by the church. Both your portion of the fee and the church's portion of the fee are due on or before your appointment date.

<p><b>I am responsible for the program fee of \$ _____ and hereby accept that responsibility.</b></p> <p><b>Signature</b> _____ <b>Date:</b> _____</p>
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