



## THEOLOGY OF THE BODY INSTITUTE CERTIFICATION PROGRAM APPLICATION

Persons seeking admission into the Theology of the Body Certification Program are those desiring to obtain an initial or additional professional credential to teach the theology of the body formally or informally in a parish, diocesan, and/or classroom setting. Students who enter the Certification Program are obligated to take the assessment for each course attended. They are required to take all of the six core courses and two elective courses offered through the Theology of the Body Institute. The final preparation for certification would be to complete the Integration Seminar/Teaching Practicum and receive final approval for certification from the Theology of the Body Institute.

If you wish to apply for the Certification Program with the Theology of the Body Institute, please complete the following and return to the Theology of the Body Institute at the address below with the \$350 processing fee.

**First and Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Diocese:** \_\_\_\_\_

**State in Life:**

\_\_\_\_\_ Lay ( \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed)

\_\_\_\_\_ Diocesan Clergy **Diocese:** \_\_\_\_\_

\_\_\_\_\_ Religious **Community/Address:** \_\_\_\_\_

**Province:** \_\_\_\_\_

**Academic History**

Institution \_\_\_\_\_  
Degree \_\_\_\_\_  
G.P.A \_\_\_\_\_  
Institution \_\_\_\_\_  
Degree \_\_\_\_\_  
G.P.A \_\_\_\_\_

Location \_\_\_\_\_  
Major \_\_\_\_\_  
Dates attended \_\_\_\_\_  
Location \_\_\_\_\_  
Major \_\_\_\_\_  
Dates attended \_\_\_\_\_

**Employment History**

Employer \_\_\_\_\_  
Position \_\_\_\_\_  
Employer \_\_\_\_\_  
Position \_\_\_\_\_

Location \_\_\_\_\_  
Dates employed \_\_\_\_\_  
Location \_\_\_\_\_  
Dates employed \_\_\_\_\_

**Please list courses completed to date (include month and year of course attended):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Payment information**

Check  
 Credit Card:  Mastercard  Visa    Name on Credit Card \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Exp. date \_\_\_\_\_  
Signature \_\_\_\_\_  
Billing Address: \_\_\_\_\_