

# FORM 1—Accreditation of Christian Leadership School (CLS)

(A member of the Education and Leadership Ministries, National Council of Churches)  
As authorized by the Division of Christian Education Accreditation and Credentials  
of the Sunday School Publishing Board, National Baptist Convention, USA, Inc.

Submit forms to: The Division Christian Education, 330 Charlotte Avenue, Nashville, Tennessee 37201-1188

**Forms submitted after school has been held will be returned.**

## INSTRUCTIONS (Please read carefully)

- 1) It is important to give the complete information requested on each form in this school package. Failure to provide all requested information will delay the processing of your CLS package and may result in the return of your applications for total correction. All applications must be typed. Please complete the financial section at the end of each application; this is important when you are submitting multiple checks/money orders.
- 2) Your state director must receive a copy of your Form 1 package for his or her records. Your CLS package must be postmarked at least 90 days prior to the start date of your school. Schools that are postmarked less than 90 days from the school start date are not guaranteed to be processed before the school starts. A late fee must be included with the school if you mail it after the required date.
- 3) Please verify that all instructors have been certified for the particular course they are listed to teach by including a copy of each instructor's current instructor certification card or a current list from our office. If instructor is not certified, please submit a Form 5 or Form 6 (recertification) with appropriate credentials and proper fees.
- 4) Please verify that all instructors are current subscribers to the *Christian Education Informer* Journal by including a copy of his or her expiration label, a current list from our office, or submit a renewal application with fees for each instructor.
- 5) If the dean has never been certified, please complete and attach Form 2 to this application. The mentoring dean must sign this application along with the certifying dean. If the dean's certification has expired, please attach Form 4 to this application. Form 4 must be signed by the state director.

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_  
Church Building                      Street Address                      City/State                      Zip Code

Date of Proposed School:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate No. of Students \_\_\_\_\_ Course Cards Needed \_\_\_\_\_

Has school been held before? \_\_\_\_ Yes \_\_\_\_ No                      Last school number: \_\_\_\_\_

Christian education auspices under which school is being held (Check one below):

\_\_\_\_ Local Church    \_\_\_\_ District Association    \_\_\_\_ State Convention    \_\_\_\_ National Baptist Convention    \_\_\_\_ Other

State Convention under which CLS is being held \_\_\_\_\_

President of the State Convention: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Street                      City/State                      Zip Code

State Congress President: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

State Director: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Street                      City/State                      Zip Code

Dean of CLS: \_\_\_\_\_ Dean No. \_\_\_\_\_

Dean's Address: \_\_\_\_\_  
Street                      City/State                      Zip Code

E-mail Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Previous Certification: \_\_\_\_ Yes \_\_\_\_ No

List course numbers in ascending numerical order (e.g., 1001, 2058, 5020, etc.). Course numbers and course titles should be listed in accordance with the *CLS Manual*. All entries must be completed. For schools with more than thirty-four (34) courses, make a copy of page 3 and continue the numbers in sequence (e.g., 37, 38, and attach that page to your Form 1).

1	Course No.	Course Title (First line) Textbook/Author (Second line)	Instructor's Name	Instructor ID Number	Expiration Date	Informer Expiration Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

	Course No.	Course Title (First line) Textbook/Author (Second line)	Instructor's Name	Instructor ID Number	Expiration Date	Informer Expiration Date
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						

Approved \_\_\_\_\_  
Dean's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Approved \_\_\_\_\_  
Mentoring Dean's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Yes, a copy of my CLS package has been sent to my State Director for his or her records.

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**Please complete this financial section:**

Appropriate fees must accompany this form. *Please do not send cash! Please do not staple or tape checks.*

Fees included for this application: School \$ \_\_\_\_\_ Course Cards \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Please list method of payment for this application. Make checks payable to the Division of Christian Education.

Check No. \_\_\_\_\_ Money Order No. \_\_\_\_\_ Cashier's Check No. \_\_\_\_\_

Check No. \_\_\_\_\_ Money Order No. \_\_\_\_\_ Cashier's Check No. \_\_\_\_\_

Check No. \_\_\_\_\_ Money Order No. \_\_\_\_\_ Cashier's Check No. \_\_\_\_\_

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