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| **Occupational Chaplains Association** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Yearly Renewal Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | |  |
| **OFFICAL USE ONLY**  Renewal Date \_\_\_\_\_\_\_  Review By: \_\_\_\_\_\_\_\_  Any Changes (y) (n) \_\_\_\_\_\_  Note: CEUs/Educational Advancements \_\_\_\_\_\_\_\_\_\_\_    Date of approval\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | Name: | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |
| Name by which you prefer to be addressed: | | | | | | | | | | | | | |  | | | | | | |
| Street Address: | | | | | |  | | | | | | | | | | | | | | |
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| City: | |  | | | | | | | State: | | |  | | | | Zip: | |  | | |
| Please plainly mark any changes in status | | | | | | | | | | | | | | | | | | |  | |
| Use the back of this form to explain any major changes in status | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | (Res.) | (Area Code) | | | |  | | | (Bus.) | | | | Area Code | | |  | | | | | (Cell) | | Area Code | | |  | | |
|  | | | |  | | |  | | |  | | | | |  | | |  | | |
| Email Address: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required) | | | | | | | | | | | | | | | | | | | | | | | | |
| Marital Status: | | | (Check One) | | | | Single | | | | Married | | | | Widowed | | | | Separated | | | | Divorced | | | | | Remarried |
| *Please Check all that apply\* (If separated, divorced or remarried since conversion, please attach a SEPARATE summary statement. Divorced before conversion need not explain:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Spouse: | | | | |  | | | | | | | | | | | | |

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| Name by which he/she prefers to be addressed: |  |

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| If you are not the pastor of the church you are a member of you will need your pastor to sign your renewal form | | | | | | | | | | | | |
| Pastor’s Signature | |  | | | | | | |
| Comments | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | |
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| ANY CHANGES IN DENOMINATIONAL OR MINISTRY STATUS? | | | | | | | | | | | | |
| Organizations and denomination that you are currently part of | | |  | | | Church Member? | | Yes | | | No | |
| Ministry status please check one below | | | | Church presently attending | | | | | | | | |
| Ordained | Licensed | | Christian Worker’s Licensed | | Church Endorsed Chaplain | | | | | Date | | : |
| Comments | | | | | | |  | | | | | |

**Include the following with written attachment**

* + - 1. Describe your main chaplain work this past year in a short report on a separate sheet
      2. Prepare a short one page article about any special chaplain experiences you have had this last year. This will be used in a newsletter or on the web to acquaint other chaplains with your ministry
      3. Send this years CEU credit information both courses and credit hours
      4. Send $75.00 for yearly dues to 264 South Veterans Memorial Blvd, Tupelo, MS 38804
      5. An updated picture to director@ocachaplain.com
      6. Make sure any changes in phone numbers and email address are included

**Occupational Chaplains**

**Release of Information**

I hereby authorize Occupational Chaplains and its designated agents and representatives to conduct a comprehensive review of my background, causing a consumer report and/or investigative consumer report to be generated for employment purposes.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time provided I do so in writing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Agreement**  I acknowledge and affirm that the information provided by me in this renewal form, including all attachments and exhibits, is true and correct to the best of my knowledge. I hereby authorize Occupational Chaplains, or its designee, to conduct a complete investigation of my charter and fitness to serve as a chaplain. | | | |
| Date: |  | Signature: |  |

**Complete and mail with the following items to**

**Department of Chaplaincy**

**% William Dillon Director of Operations**

**264 South Veterans Memorial Blvd**

**Tupelo, MS 38804**

**Yearly renewal is $85.00**

**CEU requirement need to be met (see tab renewals and CEUs)**

**2x2 color picture of yourself if you want an updated badge**

***Pastoral permission form must me signed***

***if not the pastor of the church you attend***

**There is a $45.00 reinstatement fee if you are dropped due to non renewal**

**OCA was designed to certify chaplains primarily for UPCI however we made provisions for other groups to join OCA. Chaplains applying or renewing who are not United Pentecostal church members will receive endorsement without the UPCI note on their badge. Non UPCI chaplains will not be able to purchase the police style shield as it has UPCI stamped on it**

**When renewing you will receive a new badge with your picture when you are**

**approved as an OCA Chaplain**

**included in the cost of your application**

**If you desire a nice police style shield with UPCI Chaplain add**

**Cost of Gold with Blue police style shield $80.00 additional**

**Cost of Nickel with Blue police style shield $65.00 additional**

For more information and/or any questions

**Phone: 870-814-0901 – Fax: (870) 862-3024**

William@plisolutions.com