

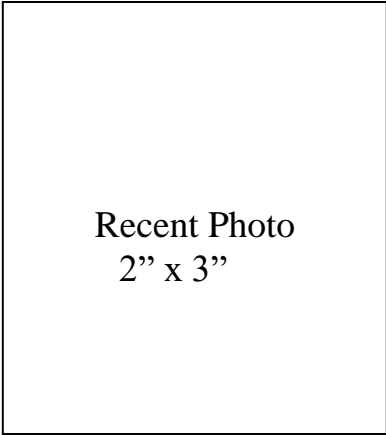


**LOCALLY AUTHORIZED  
TEACHER  
APPLICATION**

**Christian Life School of Theology Global  
6171 Gateway Road • Columbus, GA 31909**

**Date of Application:** \_\_\_\_\_  
**Local School:** \_\_\_\_\_  
**Name of Chancellor/Senior Pastor:** \_\_\_\_\_

**I. GENERAL INFORMATION**



- A. Title (check one)  Dr.  Rev.  Pastor  Mr.  Mrs.  Ms.
- B. Name: \_\_\_\_\_
- C. Address: \_\_\_\_\_
- D. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- E. Phone: \_\_\_\_\_
- F. E-Mail: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- G. Marital Status:  Married  Divorced  Widowed  Single Maiden Name \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_
- H. Health: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please list any physical problems: \_\_\_\_\_

\_\_\_\_\_  
(Use additional page, if necessary)

- I. Do you have personal assurance that you are a born-again Christian?  Yes  No  
How long have you had this assurance? \_\_\_\_\_
- J. Where are you currently employed? \_\_\_\_\_

**II. EDUCATIONAL PREPARATION**

(Official transcripts must be received before the application process can be completed). Attach a separate page, if necessary, for any item below.

List all schools above high school that you have attended. Show dates attended and degrees or diplomas earned. List major study areas.

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**III. TEACHING EXPERIENCE**

List your teaching experience. Show where you taught, dates and major subjects taught.

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**IV. OTHER PROFESSIONAL EXPERIENCE (INCLUDING MINISTERIAL)**

List all experience that would help qualify you to teach CLST Global courses. Include ministerial experience, business leadership experience, etc.

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**V. CHANCELLOR'S ENDORSEMENT**

I, \_\_\_\_\_, Chancellor of the independent school identified as \_\_\_\_\_, hereby recommend that CLEN approve this application to appoint a local authorized teacher. The applicant is well qualified to teach the courses that he will be assigned. This approval authorizes him to teach courses at my school only. Both the candidate and I understand that he/she will not be paid by CLEN to teach these courses.

\_\_\_\_\_

SIGNATURE

**VI. COVENANT OF CONFIDENTIALITY:**

In keeping with the integrity of CLEN course material, we, the undersigned, do understand and acknowledge that the issued exam is for the eyes of Locally Authorized Teacher (LAT)

\_\_\_\_\_ (name) only; not to be shared with any other staff or students; or duplicated for any reason. At the completion of the course, we agree to destroy the exam; or ensure that it is at all times kept under lock and key, only to be accessed by above-mentioned LAT and/or Chancellor.

\_\_\_\_\_  
Chancellor

\_\_\_\_\_  
Locally Authorized Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Randal S. Langley, President

\_\_\_\_\_  
Date

## **VII. CERTIFICATIONS:**

I agree that I will abide by Standards of Conduct and the Biblical Foundations Statement as set forth in the CLST Global Catalog.

I understand that I will not be paid by Christian Life School of Theology Global for teaching these courses.

I understand that false or misleading information on the application or during an interview may result in loss of authorization.

*I certify that all of the above information is true and that it may be used by Christian Life Educators Network in whatever manner is needed.*

Signature \_\_\_\_\_

Date \_\_\_\_\_