

CLERGY STAFF RENEWAL FORM

Date: _____

Name: _____

Address: _____

E-mail Address: _____

Phone: (w) _____ (h) _____ (c) _____

Name & Address of Church: _____

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Denomination: _____

Pastor Assistant Pastor Other (_____)

Endorsed by: (to be completed by authorized person from your church)

Name: _____

Position: _____ Phone: _____

Do you want a certificate yearly giving .1 CEU credit for each meeting attended?

Yes No

Renewal fee: \$15:00 (Make checks payable to: Self Regional Clergy Staff)

Mail to: Self Regional Healthcare
 Pastoral Services Dept
 1325 Spring Street
 Greenwood, SC 29646

In consideration of the visitation privileges extended and in accepting appointments to the Clergy Staff of this hospital, I hereby agree to accept the regulations as listed in the "Clergy Staff Constitution" and "Policies and Procedures" as necessary to the orderly management of patient needs.

Signature of Applicant _____