**Five Franciscan Martyrs Region**

**Application for Candidates for the**

**Spiritual Assistant Certification Program (SACP)**

**A. Personal Data:**

Name?
Address?
Phone Number?
Email?

**B. Education:**

 Highest degree attained?

**C. Secular Franciscan Experience:**

 Name of fraternity?

Date admitted to the OFS?

Date Professed?

 Offices held at local fraternity?

**D. Franciscan and/or Other Spiritual Experience:**

 Please comment.

**E. Other Catholic Spiritual Certifications:**

 Please comment.

**F. Finances:**

 Any financial issues regarding the purchasing of materials?

**G. Travel:**Any restrictions on travel if we meet once a year in Orlando?
Upon completion of program, are you willing to travel to another local fraternity? How far?

**H. Computer Expertise:**Computer literate? Access to computer? Will you be able to participate in monthly remote group conference sessions using Skype or similar vehicle like Zoom?

 **I. Letter of Endorsement**

Please submit letter of endorsement to the SACP from fraternity minister with this application.

**J. Brief (one or two page) personal statement why you want to become a spiritual assistant:**Please submit statement with this application.

Summary of material to submit:

1) SACP Application (this form)

2) Letter of Endorsement

3) Personal Statement

Please send materials to: (regular mail or email is fine)

Dr. John E. Deaton, OFS
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