## South\_Carolina Baptist Congress of Christian Education



Reverend Mitchell Adger, Dean 1134 Plummer Circle Manning, South Carolina 29102 Telephone: 803 566 1009 Email: deanadger2125@gmail.com



"Study to shew thyself approved unto God, a workman that needeth not to be ashamed, rightly dividing the word of truth." II Timothy 2:15

#### **District Congress Certification Requirements for School of Methods**

The dean should be certified by the South Carolina Baptist Congress of Christian Education or a national body. The dean is responsible for preparing and submitting the School of Methods application packet.

Select courses to be taught using current curriculum of the South Carolina Baptist Congress of Christian Education.

#### Select certified instructors

If this is a newly organized district congress without a certified dean or instructors or if this is your first time applying for certification thought the South Carolina Baptist Congress of Christian Education, contact Dean Adger for further instructions.

Complete application and forward to Dean Adger along with a cashier's check made payable to South Carolina Baptist Congress of Christian Education. The processing fee is \$125.00. Application packet should be in the dean's possession sixty (60) days before the beginning date of school. (A late fee of \$50.00 should be added if the packet will not reach the dean within the sixty required days). Packets received within fifteen (15) days of the beginning of a school will be returned.

Please encourage persons interested in becoming certified instructors and deans to begin working toward certification now. This can be expedited by attending neighboring School of Methods, National Congresses and sessions of our State Congress of Christian Education. In your pursuit, please follow the guideline/requirements as prescribed in our curriculum.

A copy of our Graduation and Certification Requirements is attached.

In His Care, Reverend Mitchell Adger, Dean Reverend Mitchell Adger, Dean

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#### Greetings and blessings:

As requested, this is your packet to certify your School of Methods. Please read and complete as directed so that your certification packet will not be delayed

Please keep in mind, when selecting courses, a District Congress cannot offer national courses if the dean and instructors are not nationally certified.

When selecting your courses, please use the current curriculum of the South Carolina Baptist Congress of Christian Education. (2022 Curriculum)

Along with your application, attach a copy of each instructor's certificate. (If not available, please contact Dean Adger for further instructions). In the future this will be required.

Course cards will not be forwarded until the attendance of your Annual Study Session are submitted to me on the attached Official Attendance Form. This should be done no later than ten (10) days after the Study Session. Feel free to duplicate as many copies as needed.

**REMEMBER** – a student must have completed ten (10) hours of instructions to receive a course card.

Please forward a schedule of your weekly outline in your packet.

Forward a cashier's check in the amount of \$125.00 made payable to SCBCCE and mail to Dean Adger.

God bless you in this worthy endeavor as we strive for excellence in Christian Education.

In His Care,

Reverend Mitchell Adger, Dean

Reverend Mitchell Adger, Dean



# South Carolina Baptist Congress of Christian Education Application for District Congress School of Methods Certification

Name of District Congress		
Address _		
Dates/week of School		
	Telephone	
President of Congress		
	Telephone	
Association		
Moderator's Address		
	Telephone	
List the course number, name of course and inst	<u>ructor</u>	
Number &Course:		
Instructor:		
Name to a Comment		
Number &Course:		
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Instructor:	
For State Congress Use Only	STATE CONCRES.
Date received by State Dean	
Signature	
	10 Years 19
Approval Date	
Reason(s) for return of application	

### South Carolina Baptist Congress of Christian Education OFFICIAL ATTENDANCE RECORD



OFFICIAL ATTENDANCE RECORD					10		<i>]</i> /			
Week of/Dates						FOR NDED 1988				
Name of School					<u>-</u>					
Course Number and Name										
Instructor										
Secretary, please fill in with instructors information first, yours second, then students. Use the letters "P" for present and "A" for absent. Mark the letter "C" in the last column if student completed (10 hours) of study and the letter "I" if they did not.										
******Student's Name and Address *******	***********Church ********	Mon.	Tues.	Wed.	Thurs.	Fri.	C/I			

Dean's Signature, date and telephone number: