



Evangelical Lutheran Church in America
God's work. Our hands.

Congregational and Synodical Mission
Candidacy

Candidate Accompaniment Plan

Candidate's Name: _____
Last Name First Name / Given Name Middle

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Synod of Candidacy: _____

Date of Entrance Decision: _____ **Candidacy Committee Relator:** _____

Seminary Where Enrolled: _____

Seminary Program/Track: _____

Seminary Advisor: _____

Mailing address: _____

Phone: _____ **Email:** _____

Anticipated Timeline of Candidate's Seminary Program:

Anticipated CPE Site/Program and Dates/Duration:

Anticipated Contextual Learning and/or Field Experience Site/Program:

Contextual Learning and/or Field Experience Supervisor(s): _____

Mailing address: _____

Phone: _____ **Email:** _____

Anticipated Timing of Candidate's Endorsement and Approval Interviews:

Endorsement:

Approval:

Section for Candidates Attending a Non-ELCA Seminary

ELCA seminary of affiliation _____

ELCA Faculty Advisor _____ Email _____

Outline below your plan for fulfilling Lutheran Learning and Formation requirements.