PPMINISTRIES TRAINING INSTITUTE

Practitioner Certification Application

Inner Healing and Deliverance School | Peggy Pugh Ministries, Inc.

Thank you for your interest in preparing to serve people through biblically grounded inner healing and deliverance ministry. This application helps us learn about your calling, preparation, judgment, and capacity to serve under supervision. Complete each section honestly. You may attach additional pages for longer answers.

Application date: _____ Preferred training cohort, if known: _____

1 Applicant information

Full legal name

_____

Name you prefer to use: _____ Pronouns, optional: _____

Email: _____ Mobile phone: _____

City and state: _____ Country: _____

Preferred contact method: ☐ Email ☐ Phone Best times to contact: _____

Are you at least 18 years old? ☐ Yes ☐ No

2 Church and ministry connection

Current church or ministry: _____

Pastor or ministry leader: _____ Years connected: _____

Your current ministry role, if any: _____

May we contact your pastor or ministry leader about your readiness for this training? ☐ Yes ☐ No

If no, briefly explain: _____

3 Preparation and availability

Relevant training completed (courses, dates, and organizations):

_____

_____

Experience serving in prayer, pastoral care, inner healing, or deliverance ministry:

_____

_____

Can you attend required teaching, practice, supervision, and evaluation sessions? ☐ Yes ☐ No ☐ Unsure

What schedule limitations should we know about? _____

4 Calling and discernment

Why do you want to become an Inner Healing and Deliverance Practitioner?

_____

_____

_____

_____

What do you understand to be the purpose of inner healing and deliverance ministry?

_____

_____

_____

Describe a time you received correction or supervision. How did you respond?

_____

_____

_____

What strengths would you bring to this work, and where do you need growth?

_____

_____

_____

5 Care and boundaries

Answer briefly. You are not asked to disclose details of your own trauma or private medical history.

A participant describes immediate danger of self harm or harm from another person. What would you do first?

_____

_____

_____

Someone asks you to promise that everything they share will remain secret. How would you respond?

_____

_____

_____

A participant asks you to stop praying and leave the session. What would you do?

_____

_____

6 Readiness and support

These questions help us plan appropriate training and supervision. A yes answer does not automatically disqualify you.

Have you previously served in a ministry involving sensitive disclosures? ☐ Yes ☐ No

If yes, what accountability and referral practices were in place?

_____

_____

Are you willing to receive feedback, follow the school's written policies, and pause client work when a supervisor directs you to? ☐ Yes ☐ No

Are you willing to refer needs beyond your training to appropriate professionals or emergency services? ☐ Yes ☐ No

Is there any current circumstance that may affect your ability to participate safely and reliably? You may discuss this privately with admissions rather than write details here. ☐ No ☐ Yes, please contact me

7 Ministry reference

Provide one pastor, ministry leader, or supervisor who knows your character and service. We will contact the person before an admission decision.

Name and role: _____

Church or organization: _____

Email: _____ Phone: _____

Relationship and length of time known: _____

I authorize the Institute to contact this reference regarding my application. ☐ Yes ☐ No

8 Applicant acknowledgment

Please initial each statement.

_____ I understand that submitting an application does not guarantee admission or certification.

_____ I understand that certification depends on completion of the Institute's published requirements and a final competency decision.

_____ I will respect informed consent, confidentiality and its safety or legal limits, appropriate boundaries, and the direction of supervisors.

_____ I understand that this ministry training does not confer a mental health license or authorize me to diagnose or treat medical or psychiatric conditions.

_____ I confirm that the information I provided is accurate to the best of my knowledge.

Applicant signature: _____ Date: _____

Return the completed application through the secure submission method provided by the Institute. Please do not send private stories or sensitive records with this application.

Institute review Internal use

Applicant: _____ Date received: _____

Application complete: ☐ Yes ☐ Follow up needed Reference contacted: ☐ Yes ☐ Pending

Interview date: _____ Reviewer: _____

Review focus: calling and motivation; teachability; boundaries and consent; response to safety concerns; availability; ministry reference.

Notes and follow up items

_____

_____

_____

_____

_____

_____

Decision: ☐ Admit ☐ Admit with conditions ☐ Defer ☐ Decline

Conditions or next steps: _____

Reviewer signature: _____ Decision date: _____

Admissions note: Share current tuition, schedule, curriculum, safeguarding policies, supervised practice requirements, assessment criteria, and the certification title before enrollment. Obtain any additional screening consent separately.