



TCN

TRANSFORMING CHURCHES NETWORK

Covenant with Certified Consultants

I, _____ have met the requirements of the TCN training process for Consultants, and hereby apply for certification.

As an applicant for certification, I have met the following requirements:

If you have recorded this information on the TCN web site, check here and you need not fill in the information requested in this box.

1. Attended a Consultant Training Event Date _____ City _____
*[e.g. October 2007, Milwaukee / April 2008, Sacramento / September 2008, Orlando]
this event will have included the observation of an actual consultation.*
2. Participated in a Consultation:
Date _____, Church _____
City _____ Lead Consultant _____
3. Led or mostly led a Consultation under supervision and observation of a Lead Consultant:
Date _____, Church _____
City _____, Lead Consultant _____
4. Led a consultation with the supervision of a Lead Consultant:
Date _____, Church _____
City _____, Lead Consultant _____
5. Led a second consultation with the supervision of a Lead Consultant:
Date _____, Church _____
City _____, Lead Consultant _____

As a Certified Consultant, I agree to the following

1. I will not work with a congregation without the approval of the district to which the congregation belongs. I will abide by the policies of the district regarding revitalization, and cooperate with the district in the pre-consultation screening process.
2. I will not charge a fee for a consultation if I am employed to do this work for a district. If I contract for a consultation on a fee for service basis, I will work within the guidelines for remuneration suggested by TCN and of the District to which the congregation belongs.
3. I will only consider consulting with a congregation that has been properly screened according to the TCN qualifying standards.
4. When I schedule a consultation with a congregation, adequate time will be allowed for the gathering of self-study and demographic materials. Without a timely provision of these materials, the consultation date will be postponed or cancelled.
5. When I schedule a consultation, I will notify TCN of the place and date, and agree to accept people training for the TCN consultation process as well as people designated by the district as part of the consultation team. I may set an upper limit on a consultation team of between 5 and 10 members.
6. I will act as supervisor of TCN consultant trainees, allowing them to participate in the process. No trainee will receive remuneration for any part of the consultation. If a trainee under my supervision behaves or functions unsatisfactorily, I will notify the leadership of TCN of the details.
7. When I hold a consultation, I will not significantly depart from the process outline or the materials developed by TCN. If I do depart from the process or use different materials, I will clearly state that my consultation is *NOT* a part of the TCN or LCMS Revitalization process. Moreover, anyone training to become certified consultants should be made aware that attendance at such a consultation does not serve as an acceptable training experience.
8. If the congregation accepts the report of the consultation team on which I am a lead consultant, I will be responsible to see that regular monthly coaching sessions follow. I can either arrange for a coach to do this work under my guidance, or I can do the coaching myself. Whoever coaches should be certified in the TCN coaching process. If I arrange for someone other than myself to do the coaching, this coach **MUST** be a part of the consulting team at the time of the consultation. Remuneration for coaches follows the same principles stated in point 2 above.
9. I will obtain a password to the TCN online database for each church with which I consult, and identify a person in each congregation to post monthly metrics on that database.
10. I will keep the district facilitator informed of progress for the congregation, and will seek the guidance of the district facilitator and TCN staff when questions or difficulties arise.
11. I recognize that my certification is on an annual basis and that I will need to reapply to TCN every year. TCN will provide me with the latest version of their materials and may require me to attend additional training either at an event or on line in order to keep my certification in force.

Signed _____ Date _____

Please download this form, complete it and sign it and mail it to the TCN office at 1675 Wynne Rd., Cordova, TN 38016.
TCN will review the training credentials and respond within 30 days of receipt.