



MORAVIAN THEOLOGICAL SEMINARY

MAPC Alumni Directory Information

Click on each blue field and enter the requested information (the blue box will disappear when you type).

Name _____ MTS Graduation Year/s _____

Home: Address _____

City/State/Zip _____

Phone _____

Office: Institution _____

Address _____

City/State/Zip _____

Phone _____

Title: _____

Preferred Email: _____

Denomination: _____

Academic Degrees Received & Institution/s:

Are you a Clinical Supervisor? Yes No

If Yes, in: AAPC AAMFT ACPE Other _____

Type of professional setting in which you currently serve (please check):

- Church School or College
- Private Practice Other _____
- Clinic or Agency

Do you hold a professional counseling license? Yes No If Yes, in what state _____

- LPC LSW LCSW
- MFT Other _____

Areas of special interest in your practice/vocation:

- Private Practice Spiritual Direction Domestic Violence
- Children Chaplaincy Sexuality
- Adolescents Grief & Trauma Addictions _____
- Marriage & Family Prison Other _____
- Older Adults Sexual Abuse Other _____

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Save As and name it with your last name .pdf then attach it to email and send to jburcaw@moravian.edu

Or by Regular Mail

Jane Burcaw
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Bethlehem, PA 18018 10/2009