

APPLICATION FOR CREDIT FOR CONTINUING EDUCATION
SEVENTH DAY BAPTIST COUNCIL ON MINISTRY

Applicant Information:

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____ Applicant Email: _____

Year Ordained: _____ Ordaining Church: _____

Year Accredited: _____ Year of Anticipated Renewal of Accreditation: _____

Credit Sought from the Education Experience Described Below: _____

Description of Educational Experience:

Type of Continuing Education Experience: Ministry Skills Theological Reflection Personal Spiritual Growth

Name of Educational Experience: _____

Location of Educational Experience: _____

Dates of Educational Experience: _____

Cost of Educational Experience: _____ Time Invested to complete experience: _____

Description of Educational Experience: _____

****PLEASE INCLUDE SUPPORTING DOCUMENTATION (PROGRAMS/FLYERS/RECEIPTS) WITH THIS FORM****

Reflection on the Experience:

I would recommend that other pastors consider engaging in this educational experience: Yes No

I felt that this experience was worth the time and money spent to engage in it: Yes No

Other Comments (use reverse or additional pages if necessary): _____

