Continuing Education Report for 2011 (submit in Januray 2012)

___ **Check here if Inactive/Retired** (A Christian Church (DOC) minister who no longer retains a covenantal financial relationship w/ a congregation or recognized ministerial entity is retired/inactive.)
___ **Check here if Active/Retired**

Continuing Education Hours (3 hours each for such events as General/Regional Assemblies. Area and Cluster meetings only if detailed and prescribed workshops are offered.)

Date	Sponsor name	Course Title	Location	Total Hours

Self-study Credit (includes preparation for teaching/speaking outside one's ministry setting)

Materials studied (describe briefly)	Date(s)	Hours (limited to 6 hours)

Boundaries Training (must be completed every 5 years)

Year approved six hour training course completed _____

Instructors name _____

Location _____

Year refresher Boundary Training refresher course due _____

Personal information

Name _____

Email address _____

Mailing address _____

Church membership _____

Church/Ministry serving at present_____ Area_____

Signature and date _____

Please return to: **CCMA**
PO Box 104298
Jefferson City MO 65110

Please return by January 31, 2012