

Please make copies for your use and for submitting to the District Office

CONTINUING FORMATION REPORT FORM

Name: _____

District: _____

(Please mark one of the following) ___ Elder in Full Connection; ___ Deacon; ___ Probationary Member; ___ Assoc. Member; ___ Local Pastor

Address: _____

Reporting Period: June 1, _____ - May 31, _____ Charge(s) served during the above reporting period: _____

Event Types (to be noted in Column 1 below)

- | | | | |
|-------------------------|---------------------------|--------------------------------|---------------------|
| 1. Workshop | 5. Spiritual growth event | 9. Mentor | 13. Other (specify) |
| 2. Internet Course | 6. Teleconference | 10. Video/Audio Cassette Study | |
| 3. College Course | 7. Seminary Course | 11. Course of Study | |
| 4. Certification Course | 8. Correspondence Course | 12. Travel | |

EVENT TYPE	TOPIC	LOCATION	DATE	LEADER	NO. OF CONTACT HOURS <small>(10 = 1 C.E.U.)</small>	C.E.U.'S OR CREDITS
TOTAL CONTACT HOURS / C.E.U.'s FROM ATTACHED SHEETS						
TOTAL CONTACT HOURS / C.E.U.'s						

(Please list the same information as above on a separate sheet for additional Formation Events, as needed, and attach to this form, noting the total hours / C.E.U.'s on the next to last line above, before totaling hours in the last line above.)

Pastor: _____

Chairperson of S/PPRC: _____

District Superintendent: _____

Date: _____

(Please make four copies of this form: One copy to the Pastor, One copy for the S/PPRC Chairperson, Two copies to the District Superintendent (one copy being forwarded to the Order of Elders Coordinating Committee).)

CONTINUING FORMATION REPORT FORM *(continued)*

In the space below, please list reading from the past year that has been helpful to your ministry:

Title	Author	Subject

What Continuing Formation Courses would you like to see offered within our Annual Conference?
