

List continuing education events qualifying to meet PSW requirements

* "Contact hours" are the actual number of hours spent with an instructor. Use additional sheets if necessary.

1. Sponsoring organization _____
Title of class/workshop/event _____
Date(s) _____ Place held _____
Brief description of event _____
Value you gained for your ministry _____

Total contact hours* _____ Type: _____ CEUs _____ Credit or audit _____ Other _____

Supporting documentation enclosed: _____ CEU certificate or event verification
_____ Transcript _____ Other (specify): _____

2. Sponsoring organization _____
Title of class/workshop/event _____
Date(s) _____ Place held _____
Brief description of event _____
Value you gained for your ministry _____

Total contact hours* _____ Type: _____ CEUs _____ Credit or audit _____ Other _____

Supporting documentation enclosed: _____ CEU certificate or event verification
_____ Transcript _____ Other (specify): _____

Please share any special celebrations in the last year.

Please share any prayer concerns that we can pray for.