

ROSTER OF PASTORS REQUESTING CONTINUING EDUCATION CREDIT

The following are *district* licensed or ordained elders/deacons who have *attended this event*, have complied with the requirements prescribed by the instructor(s) of this course, and are requesting CE credit be posted to their records.

4 Cs _____ TITLE OF EVENT _____

OF CEUs** _____ DATE _____

INSTRUCTOR(S) _____ SPONSOR _____

Please PRINT legal names, including middle initial(s). Do not use nicknames. Thank you!

LEGAL NAME	DISTRICT	CEUs <small>(only if different)**</small>
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Please make copies as needed.