

# PARISH MINISTRY ASSOCIATE PROGRAM

## Facilitator's Course Report *for PMA Students*

PMA Student's Name \_\_\_\_\_

Facilitator's Name \_\_\_\_\_

Name of Course or Workshop \_\_\_\_\_

Date Class Completed \_\_\_\_\_

Location \_\_\_\_\_

Hours of Class Time \_\_\_\_\_

Type of Class \_\_\_\_\_ Core \_\_\_\_\_ Elective

Explain Student's grasp of subject and how they will use it in their ministry:

\_\_\_\_\_  
Facilitator's Signature

\_\_\_\_\_  
Date

Return form to: PMA Office  
PO Box 1462  
North Platte, NE 69103-1462

[pma@nebraskasynod.org](mailto:pma@nebraskasynod.org)

If you have any questions, please contact the PMA Office, 308-532-0250, ext. 4 or  
[pma@nebraskasynod.org](mailto:pma@nebraskasynod.org)