

PARISH MINISTRY ASSOCIATE PROGRAM

**Continuing Education Report
for Certified PMAs**

Return this form with appropriate documentation to receive credit

Name _____

Address _____

City _____ State _____ Zip _____

Date Submitted _____

____ Course ____ Workshop ____ Conference
____ Synod Vision/Mission/Field Trip ____ Synod Assembly keynote ____ Synod Theological Conference

Title _____

Location _____ Date(s) _____ Hours of Class _____

Instructors/Leaders _____

Please process this course/conference or workshop with your mentor or supervisor.

Processed with _____

Date _____

Signature of Mentor or Supervisor

Date

Please send to: PMA Office
PO Box 1462, North Platte, NE 69103-1462
or pma@nebraskasynod.org

If you have any questions, please contact the PMA office at 308-532-0250 ext. 4 or pma@nebraskasynod.org

PMA Office use only	
AMOUNT OF CREDIT _____	NOTES _____
APPROVED BY _____	DATE _____