

PARISH MINISTRY ASSOCIATE PROGRAM
Continuing Education Report
For Certified PMAs

Return this form with the appropriate documentation to receive credit

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date Submitted: _____

_____ Course _____ Workshop _____ Conference
_____ Synod Vision/Mission/Field Trip _____ Synod Assembly Keynote _____ Synod Theo. Conf

Title: _____

Location: _____ Date(s): _____ Hours of Class _____

Instructor/Leaders: _____

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

Processed with: _____

Date: _____

Signature of Mentor or Supervisor Date

Please return to: PMA Office
Nebraska Synod, ELCA
6757 Newport Ave., Suite #200
Omaha, Nebraska 68152

If you have any questions, please contact the PMA Office, 402-896-5311 or at
pma@nebraskasynod.org

PMA Office Use Only	
Amount of Credit _____	Notes: _____
Approved by: _____	Date: _____