

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

Return form 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