

CONTINUING EDUCATION PRE-APPROVAL FORM

Your Name _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Check One:

☐ Lay Minister ☐ Licensed Minister ☐ Bishop

Church _____

Ministry License # _____

Course or Event Information:

1. Name of Course or Event: _____

2. Name of Presenter: _____

3. Event Location: _____

4. Sponsoring Organization: _____

5. Are you requesting pre-approval to sponsor the course/seminar or attend?

☐ Sponsoring ☐ Attending

6. If you wish to sponsor a course, seminar, or training event and are seeking accreditation, what member of the state leadership team is a part of your teaching or facilitation staff?

If you have not yet contacted someone yet to facilitate your training, in what areas can we help?

☐ Children ☐ Youth ☐ Technology ☐ Church

☐ Health ☐ Other (Describe below)

Describe: _____

7. Provide the date(s) and amount of actual class time associated with the training course/ seminar that will be presented or attended. This will assist with the valuation of continuing education credits. _____

8. Provide printed course and event material with this form. If a printed course or event description is not available, provide a description:

9. Check the following group most closely affiliated with the sponsor of the course or event you will be attending or sponsoring for which you are seeking pre-approval.

☐ COGOP International Offices

☐ COGOP North America

☐ COGOP District or Region

☐ Local Church

☐ Kingdom Partners

(Events sponsored by ministries other than the COGOP)

☐ Other, Please Specify _____

This form must be submitted for pre-approving an event for continuing education credit.
Mail or scan and email this and other material to your National/Regional/State Bishop's Office

NRS OFFICE USE ONLY

Approved ☐ YES ☐ NO

Credits Approved _____

Date Submitted _____

Date Approved _____