Church of the Brethren

Continuing Education Annual Report Form for Ministerial Leaders

Basic Information

Name _____

Date Report submitted _____

Ministry Setting _____

District _____

Total Years of Ministerial Service _____ Years in current position _____
Ministerial Ethics Training _____ Date _____ Location _____

Sabbath Rest contract with church/agency you are serving? Yes _____ No _____

If "yes" anticipated year of next Sabbath Rest _____

Continuing Education Information

List continuing education events singly, providing all information requested in the appropriate spaces:

Name of Event	*Date*	*Place*	*Main Topic*	*Leader*	*Sponsoring Group*