

**FIRST CALL THEOLOGICAL EDUCATION
REPORT FORM
Year Two**

Name _____

Congregation(s) Serving _____

First Call Committee Relator _____

| <u>Required Elements</u> | <u>Contact Hours</u> |
|---|----------------------|
| Colleague Group/Mentor Meetings _____ | |
| Number of meetings attended _____ | |
| NEIA Fall Conference _____ | |
| FCTE Spring Continuing Education Event – Topic: | |
| Transitions _____ | |
| Iowa 101 _____ | |
| Spiritual Formation _____ | |

| <u>Core Areas of Study</u> | |
|--|----------------------|
| Please record all Continuing Education experiences (Title, Date, and Number of Contact Hours) | |
| | <u>Contact Hours</u> |
| Stewardship _____ | |
| Teaching _____ | |
| Global Missions _____ | |
| Evangelism _____ | |

Core Areas of Study
(Continued)

Global Church _____

Biblical Studies _____

Worship/Preaching _____

Leadership _____

Theological Studies _____

Contact
Hours

Elective Studies

Please list those you have completed with hours

Contact
Hours

Disciplined/Intentional Reading

Please list books, articles, periodicals, etc.

Study
Hours
