

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

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)

	<u>Contact Hours</u>
Global Church _____	_____
Biblical Studies _____	_____
Worship/Preaching _____	_____
Leadership _____	_____
Theological Studies _____	_____

Elective Studies

Please list those you have completed with hours

Contact
Hours

Disciplined/Intentional Reading

Please list books, articles, periodicals, etc.

Study
Hours