



Individual Completion Form

Participant's First and Last Name: _____

Phone or WhatsApp Number: _____ Email: _____ Date: _____

Participant's Address: _____ State: _____ Zip code: _____

Country: _____ State/Region/Nation: _____

Name of State/Regional/National Bishop: _____

Course Title	Online	Onsite	Instructor (Onsite Only)	Location (Onsite Only)	Pass/Fail	Date

Select your reason for completing this program:

Personal Enrichment and Ministerial Development	
Spirit & Life Seminary Credit Hours	
Pursuing Ministry Licensure	
Other:	

If you are a licensed minister, provide your minister's license number: _____

Along with this form, please also send the "Certificate of Recognition" you received for each of the six courses you have completed.

These should be sent to ldd@cogop.org

Pastoral Endorsement:

Print First and Last Name

Signature

**This section is to be completed
by your current Pastor or
State/Regional/National
Bishop**