## **Professional Training and Standards**

Powered by NACBA

## NON-REGISTERED PROVIDER OF CEUs

Name				
	LAST	FIRST	MIDDLE	
	Name of Non-Registered Sponsor			
	Location of Event			
	Date(s) Attended			
	Subject and Title of Mater	rial for Which Credit is Requeste	ed	
How does this information increase your professional competency as a CCA?				
Hours Spent in P	Participation	Hours Claimed (First 50 minutes contact tim all minutes and divide by 600	ne equals one hour of credit as a participant, after that, ad	ld
			npleted copy of this form MUST be attached to da with times for credit. (These documents ma	
		Sign	ned	
Date				

The Church Network

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