

REQUEST FOR APPROVAL OF ALTERNATIVE CONTINUING EDUCATION
EXPERIENCE FOR CLP CREDIT

NAME: _____

ADDRESS: _____

PHONE: _____

DESCRIPTION OF THE CONTINUING EDUCATION EXPERIENCE FOR
WHICH YOU WOULD LIKE CREDIT: (Include date(s) offered)

TAUGHT OR OFFERED BY WHOM?

HOW WOULD YOUR MINISTRY AS A COMMISSIONED LAY PASTOR
BENEFIT FROM THIS EXPERIENCE?

HOW MANY HOURS CREDIT WOULD YOU EXPECT TO RECEIVE?

Please send this request to the Chairman of the CLP Committee in time for it to be reviewed by the Committee at a regular meeting. You are welcomed to send this request after you have taken part in the educational experience, but with the understanding that your request may not be approved.