

First Call Theological Education Report Form Year One

Name _____

Congregation serving _____

First Call Committee Contact _____

<u>Required Elements</u>	<u>Contact Hours</u>
Colleague Group/Mentor Meetings Number of meetings attended: _____ _____	_____
NEIA Fall Conference _____ Your Evaluation _____	_____
Transition Seminar (Western Iowa - fall) _____ Your Evaluation _____	_____
First Call Theological Retreat _____ Your Evaluation _____	_____

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

Core Areas of Study
(continued)

Contact
Hours

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.

First Call Theological Education Report Form Year Two

Name _____

Congregation serving _____

First Call Committee Contact _____

<u>Required Elements</u>	<u>Contact Hours</u>
Colleague Group/Mentor Meetings Number of meetings attended: _____ _____	_____
NEIA Fall Conference _____ Your Evaluation _____ _____	_____
Iowa 101 (SEIA- spring) _____ Your Evaluation _____ _____	_____
First Call Theological Retreat _____ Your Evaluation _____ _____	_____

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

First Call Theological Education Report Form Year three

Name _____

Congregation serving _____

First Call Committee Contact _____

<u>Required Elements</u>	<u>Contact Hours</u>
Colleague Group/Mentor Meetings Number of meetings attended: _____ _____	_____
NEIA Fall Conference _____ Your Evaluation _____ _____	_____
Spiritual Formation (NEIA - summer) _____ Your Evaluation _____ _____	_____
First Call Theological Retreat _____ Your Evaluation _____ _____	_____

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