

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

Name \_\_\_\_\_

Congregational Serving \_\_\_\_\_

First Call Committee Contact \_\_\_\_\_

<u><b>Required Elements</b></u>	<u>Contact Hours</u>
Colleague Group/Mentor Meetings _____	_____
Number of meetings attended _____	
NEIA Fall Conference _____	_____
Your Evaluation _____	
FCTE Spring Continuing Education Event – Topic:	_____
Transitions Seminar _____	
Iowa 101 _____	
Spiritual Formation _____	
Your Evaluation _____	

<u><b>Core Areas of Study</b></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)

Global Church \_\_\_\_\_

Biblical Studies \_\_\_\_\_

Worship/Preaching \_\_\_\_\_

Leadership \_\_\_\_\_

Theological Studies \_\_\_\_\_

Contact  
Hours

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Elective Studies**

Please list those you have completed with hours

Contact  
Hours

**Disciplined/Intentional Reading**

Please list books, articles, periodicals, etc.

Study  
Hours