

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

Name _____

Congregational 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 _____	
FCTE Spring Continuing Education Event – Topic:	
Transitions Seminar _____	
Iowa 101 _____	
Spiritual Formation _____	
Your Evaluation _____	

<u>Core Areas of Study</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