

Record of Completion of Training

Please list each person who participated in the video training and send this information to the Theophostic Prayer Ministries office. If they have viewed all Basic Training Video sessions, read the 400-page Seminar manual, view all 7 Live Ministry Demonstrations, read the demo workbook, read the chapter on forgiveness in the Healing Life's Hurts book and complete the Basic Seminar Review/Test online you will receive their seal of completion by mail. Please check appropriate boxes for each participant below.

Name of facilitator: _____ Date: _____ City location: _____

Name _____
Address _____
City/ST/Zip _____
Hm Phone _____
Other PH _____
FAX number _____
E-mail _____
Ministry _____
Title or position _____
Viewed all Basic DVD sessions[] Read seminar manual []
Viewed all demo sessions & read workbook []
Completed Basic Training Review/Test online []
Read "Forgiveness" chapter in Healing Life's Hurts []

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Address _____
City/ST/Zip _____
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