



INTERNATIONAL INSTITUTE OF FAITH BASED COUNSELING

PO Box 20723 Beaumont, TX 77720-0723

(409) 832-9060 Fax (409) 832-7224

www.iifbc.com E-mail: info@iifbc.com

Enrollment Date: _____

Name _____
Last First Middle

Address _____ Apt. # _____
Street Address

City State Zip Code Country

Day Phone _____ Evening Phone _____ Fax _____

E-mail _____

Church _____

Church Address _____

Name of your Pastor/Priest/Bishop _____ Church # _____

Signature _____
(Approving signature of applicant's Pastor, Priest, Bishop or similar authority – required for Certification)

Name as you wish for it to appear on your certificate: _____

CITY & STATE of CLASS _____ DATE of CLASS: _____

Courses 1 and 2

- \$318 - Certified Christian Counselor™
- \$367 - Board Certified Christian Counselor™

Courses 1, 2, and 3

- \$477 - Certified Faith-Based Clinical Counselor™
- \$526 - Board Certified Faith-Based Clinical Counselor™

Courses Completed Individually

- \$159 - Course 1: Christian Counseling
- \$159 - Course 2: Advanced Christian Counseling
- \$159 - Course 3: Drug and Alcohol Recovery (GOD14® Program)

Total payment enclosed for \$ _____ Make check out to IIFBC. Check # _____

Type of Credit Card _____ MasterCard _____ Visa _____ Discover (Card Zip Code _____)

Card Number _____ Expiration Date _____ CVV _____

Name Exactly as it appears on Credit Card: _____

Signature _____ Date _____