INTERNATIONAL INSTITUTE OF FAITH BASED COUNSELING
P. O. Box 20723 Beaumont, TX 77720-0723
(409) 832-9060 (866) 500-7710 toll free Fax (409) 832-7224
www.iifbc.com E-mail: info@iifbc.com

ON-SITE CLASS ENROLLMENT

Registration requires a $50 non-refundable deposit.
Walkup fee for On-site Class is $15.

Enrollment Date: _____

Name _____
Last First Middle

Address_____ Apt. # _____
Street Address

_____
City State Zip Code Country

Day Phone _____Evening Phone _____Fax _____

E-mail _____ Occupation _____

Church _____ Avg. Attendance_____

Church Address _____

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

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

- ☐ $159 - Course 1: Christian Counseling
- ☐ $159 - Course 2: Advanced Christian Counseling
- ☐ $159 - Course 3: Drug and Alcohol Recovery (GOD14® Program)
- ☐ $49 - Board Certification

IIFBC OFFICE USE ONLY

AMT PAID_____
DATE PAID _____
AMT DUE_____
UPGRADE? _____
DATABASE UPDATED?_____
EMAIL ADDRESS ADDED?_____
CERTIFICATE MAILED? _____

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

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

Card Number _____ Expiration Date _____CVC_____

Name Exactly as it appears on Credit Card: _____

Signature _____ Date _____