

INTERNATIONAL INSTITUTE OF FAITH BASED COUNSELING

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Enrollment Date: _____

NameLast	First	Middle	
Address Street Address		Apt. #	
City	State	Zip Code	Country
Day PhoneEvening PhoneFax		-	
E-mail			
Church			
Church Address			
Name of your Pastor/Priest/BishopChurch #		#	
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 CLASSDATE of CLASS		f CLASS:	
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Courses 1 and 2			
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\$318 - Certified Ch	ristian Counselor™ ied Christian Counselo	pr™	
\$318 - Certified Ch		or™	
\$318 - Certified Chi \$367 - Board Certified Courses 1, 2, and 3			
\$318 - Certified Chi \$367 - Board Certified Courses 1, 2, and 3 \$477 - Certified Fai	ied Christian Counselo	nselor™	
\$318 - Certified Chi \$367 - Board Certified Courses 1, 2, and 3 \$477 - Certified Fai	ied Christian Counselo th-Based Clinical Cour ied Faith-Based Clinica	nselor™	
\$318 - Certified Chi \$367 - Board Certified Courses 1, 2, and 3 \$477 - Certified Fai \$526 - Board Certified	ied Christian Counseld th-Based Clinical Cour ied Faith-Based Clinica idually	nselor™	
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