

SAM Continuing Education Report Form

Name:		
Date:		
following 6 areas: Bibli	cal Preaching, Luth	must have training in each of the neran Theology/Confessions, Worship, Care. Continuing Education is also
Please list any additionathat has assisted you in	•	cation, and training you have completed
TOPIC FOR TRAIN	ING	
		Date:
In addition, Boundaries years. List follow-up tra		raining must be completed every 3
Boundaries Training	(every 3 years)	Date:
Anti-Racism Training	(every 3 years)	Date: