**REPORT ON CONTINUING EDUCATION**

Supplement to the pastor’s Charge Conference Report

2016 Book of Discipline, ¶350

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| --- |
| NAME **Click here to enter text.**CHARGE **Click here to enter text**.District: Choose an item. Northwest Texas Conference of The United Methodist Church I. **Continuing education program completed in year Click here to enter text.** |
|  (Note: If Charge Conference occurs before an event you plant to attend, so indicate) |

##  EVENT Classroom House CEU Credits

 Expended Earned\*

## A. **Northwest Texas Pastor’s School**: **Choose an item**. **Choose an item item.**

##  B. **Northwest Texas Mission Education**

##  **Event**: **Choose an item.** **Choose an item item.**

C. **Clinical Pastoral Education**: **Choose an item. Choose an item item.**

##  D. **Workshops, Seminars, Conferences, Lecture Series, etc. Please list by title**:

##  **Click here to enter text. Choose an item. Choose an item item.**

##  **Click here to enter text. Choose an item. Choose an item item.**

##  **Click here to enter text. Choose an item. Choose an item item.**

##  E. **Individual and/or Group Study (please specify. Maximum of one (1) CEU allowable on the Conference Minimum requirement**.

##  **Click here to enter text. Choose an item. Choose an item item.**

##  **Click here to enter text. Choose an item. Choose an item item.**

##  **Click here to enter text. Choose an item. Choose an item item.**

 **Total Click here to enter text.**

|  |
| --- |
| **How has your continuing education program benefited your growth as a person and your competency as a minister?** |
| **Click here to enter text.** |

## 10 classroom hours – 1 Continuing Education Unit (CEU)

## 2.5 CEU’s are the minimum yearly requirement

##  II. **Proposed Continuing Education Program for the coming year**:

##  EVENT Classroom House CEU Credits

 Expended Earned\*

##  A. **Northwest Texas Pastor’s School:** **Choose an item. Choose an item item.**

 B. **Northwest Texas Mission Education**

 **Event:** **Choose an item. Choose an item item.**

 C. **Clinical Pastoral Education:** **Choose an item. Choose an item item.**

##  D. **Workshops, Seminars, Conferences, Lecture Series, etc. Please list by title**:

##  **Click here to enter text. Choose an item. Choose an item item.**

##  **Click here to enter text. Choose an item. Choose an item item.**

##  **Click here to enter text. Choose an item. Choose an item item.**

##  E. **Individual and/or Group Study (please specify. Maximum of one (1) CEU allowable on the Conference Minimum requirement.**

##  **Click here to enter text**. **Click here to enter text**. **Click here to enter text**.

##  **Click here to enter text.** **Click here to enter text.** **Click here to enter text.**

##  **Click here to enter text.** **Click here to enter text.** **Click here to enter text.**

 **Total Click here to enter text.**

## **CE allowance received for this Charge Conference year**: $ **Click here to enter text.**

## **CE allowance granted for next year**: $ **Click here to enter text.**

## **CE time allowance received this Charge Conference year**: Days **Click here to enter text.**

## **CE time allowance granted for next year**: Days **Click here to enter text.**

## **What areas of ministry and professional growth do you plan to focus on next year?**

## **Click here to enter text.**

## **Important:** Please attach **one copy** of this form to your packet of materials and submit to the District Superintendent at your Charge Conference.

File one copy with your **SPRC**