



**CERTIFICATION APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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**TRAINING:**

**FOUNDATIONS OF CHRISTIAN LEADERSHIP COACHING**

DATE COMPLETED: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**ESTABLISHING A DYNAMIC COACHING RELATIONSHIP**

DATE COMPLETED: \_\_\_\_\_ LOCATION: \_\_\_\_\_

ADDITIONAL 16 HOUR CLASS: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_ LOCATION: \_\_\_\_\_

TELECLASS 1 DATE: \_\_\_\_\_ TOPIC: \_\_\_\_\_

TELECLASS 2 DATE: \_\_\_\_\_ TOPIC: \_\_\_\_\_

TELECLASS 3 DATE: \_\_\_\_\_ TOPIC: \_\_\_\_\_

MENTOR COACH NAME: \_\_\_\_\_ DATE MENTOR COACHING COMPLETED: \_\_\_\_\_

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**APPLICATION FEE: \$375**

TYPE OF CARD: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ CSC: \_\_\_\_\_

NAME ON THE CARD: \_\_\_\_\_

BILLING ADDRESS FOR CARD: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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Mail application, along with copies of certificates issued by CCC, to Hollifield Leadership Center, 6692 Valwood Road, Conover, NC 28613.