

**Annual Report of Compliance  
Mid-America Region Disciples Ministers**

<b>Continuing Education Hours</b>				
<b>Date</b>	<b>Sponsor Name</b>	<b>Course Title</b>	<b>Location</b>	<b>Total Hours</b>

<b>Self-Study Credit (includes preparation for teaching/speaking outside one's ministry setting)</b>			
<b>Materials Studied (Briefly Describe)</b>	<b>Date(s)</b>		<b>Hours (limited to 6 hrs.)</b>

Boundaries Training:

Year in which you completed approved 6 hour Boundaries Training\_\_\_\_\_

Instructors name\_\_\_\_\_

Location\_\_\_\_\_

Year in which you are due for refresher Boundaries Training\_\_\_\_\_