

REGISTRATION FOR COURSE FOUR:

PHYSICAL AND MENTAL CHANGES IN AGING

CERTIFICATION IN OLDER ADULT MINISTRIES

PRESBYTERIAN CHURCH (U.S.A.)

PRESBYTERIAN OLDER ADULT MINISTRIES NETWORK (POAMN)

1. Name: _____
2. Address for surface mail: _____
3. E-mail: _____
4. Telephone number (where you prefer to be reached): _____
5. Date of Workshop requested: _____
6. Please write (briefly) what you hope to gain through this core competency:

There are three aspects of this required course: pre-assignments, full participation in the workshop, and demonstration of competency following the workshop. A certificate of completion will be issued when the Certification Coordinator is informed by the course instructor that all requirements have been met. The pre-assignment list is included.

Questions: Please Contact Jan McGilliard, POAMN Certification Coordinator, at: janmcgilli@gmail.com

This form must be received at least one month before the date of the Course Four workshop you plan to attend.

Submit this completed application form for Course Four, with a check made payable to POAMN in the total amount of \$200.

(Application processing and Course registration will not be completed until payment is received.) Mail to:

POAMN
P.O. Box 700311
Oostburg, WI 53070

OFFICE USE ONLY

CERTIFICATION PARTICIPANT NUMBER: _____