

# PAM Certification Verification Form

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Conference Attended \_\_\_\_\_

Place \_\_\_\_\_ Dates \_\_\_\_\_

Please list worship services, classes, seminars by title, and choir rehearsals which you attended this week. Include hours spent in each event and the name of the teacher or leader. To receive credit for the purpose of certification, you must attend all available sessions of a given event, class, seminar, or choir. On the reverse side, please write a brief evaluation of each event listed, including your comments on the content and experience. You may attach extra pages as necessary.

Event	Leader	Hours in Attendance
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of applicant

Signature of Conference Director

\_\_\_\_\_

This form should be completed and signed by the conference director by 4:00 P.M. on the final day of the conference.

Please keep the form and submit it with your application for certification.