



We are definitely leaning into a new time in our world and ministry. It is the Board Of Ordained desire to help pastors and leaders take advantage of opportunity to challenge and grow in leadership skills and leadership self-care. With that in mind , we want to offer CEU's for some specialized leadership and training.

Who is Eligible? Ordained Elders and Ordained Deacons (Commissioned)

Who Fills out Application? The Vendor(Coach, Spiritual Director)

Who is Processes? Rev. Cathy Joens and CEU team.

What constitutes a CEU? 1 CEU Unit per 10 contact hours. That is actual hours spent with the vendor. 3 is max that can be awarded.

Expectations to be met before CEU's are granted: All Forms should be filled out with the upmost integrity so that trust will not be lost. If there is an occasion where evidence shows that a false report has been submitted the Vendor's time will not long be able to be used for CEU credit.

- Fill out application <https://www.umcsc.org/cs-forms-bom-ce>
- Send fill out applications to cljoens@umcsc.org
- When your time with client has come to an end or in December of the year, Fill out the check list and submit to cljoens@umcsc.org.
- The CEU team will approve CEU units based on the time spent and the content of the vendors response. The Response checklist form should be signed and dated.
- You , the vendor, will receive a blank CEU form to fill out and send/give to your client.



Application

Coaching, Spiritual Director and other non-workshop CEU opportunities

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business/Cell Phone: _____ Email: _____

Social Media platforms you use to advertise:

____ Facebook ____ Instagram ____ Twitter ____ TikTok ____ Website ____ Email Blast
____ Other: _____

Give Address or link to all that you use: _____

Are you _____ *(if other, name and describe what you offer below)*

Describe the purpose for your leadership with this person *(ie "grow in leadership, decision making, etc.)*

Name of your client: _____ Church they serve _____

NAME OF VENDOR: _____ ROLE OF VENDOR: _____

NAME OF CLIENT: _____ DATES OF SERVICE: _____

DATE SERVICE OFFICIALLY ENDED: _____

***PLEASE FILL OUT CHECK LIST , SIGN AND DATE AND RETURN TO Rev. Cathy Joens cjjoens@umcsc.org .
ONCE APPROVED A BLANK CEU CERTIFICATE WILL BE SENT TO YOU.***

- 1) Client attended _____ # of sessions.
- 2) Each session was _____ Long.
- 2) Total # of sessions _____.
- 3) Client was on time: _____
- 4) Client engaged well in the process each session _____
- 5) Books you suggested: _____

6) Any other type of learning opportunity(s) you offered outside of your time with client.

My signature verifies the truth of my answers as it relates to this client.

Print name _____

Signature _____ Date: _____