

**THE HEALING PLACE**  
**CENTER FOR COUNSELING AND SPIRITUAL FORMATION**

Checklist of Certificate in Formational Prayer Requirements

**Participant's Name** \_\_\_\_\_

**Date Program Began** \_\_\_\_\_

<b>Date Completed</b>	<b>Requirement</b>
_____	Attendance and completion of the Basic Formational Prayer Seminar.
_____	Attendance and completion of the Formational Prayer Advanced Seminar.
_____	Attendance and completion of a one day seminar sponsored by the Healing Place. Title of Seminar: _____
_____	Attendance and completion of a one day seminar sponsored by the Healing Place. Title of Seminar: _____
_____	Participate in a Sixteen week small group.
_____	Serve as assistant facilitator for a Sixteen week small group.
_____	Serve as a facilitator of a Sixteen week small group.
_____	Participate in the Healing Care Retreat
_____	Enter into an Accountability covenant with a team member for spiritual direction and support.
_____	Read the seven (7) required books.
_____	Write a reflection paper on the three of the assigned books, following the guidelines for writing a reflection paper.

\_\_\_\_\_

Write a reflection paper on your experience in the basic, and advanced seminars following the guidelines for writing a reflection paper.

\_\_\_\_\_

Write a reflection paper on your experience in the Sixteen week small group and as a facilitator of a Sixteen week small group.

\_\_\_\_\_

In response to participation in the Healing Care Retreat write a "Faith Narrative" that details how this experience has impacted you personally, your relationship with Christ, and how it has equipped you to better minister to and serve others.

\_\_\_\_\_

Exit interview completed

Fees Paid:

\_\_\_\_\_

Application Fee: \$50.00

\_\_\_\_\_

Program Fee: \$600.00

Completion:

\_\_\_\_\_

All requirements have been completed.

Signature of mentor/advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_

Date: \_\_\_\_\_