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## REGISTRATION FORM

Class Offerings:	Instructor(s)	Meeting Dates and Times
<b>PATC ~ Pastor's Alternative for Teacher Certification (Pastors Only)</b>	Dr. George T. Brooks, Jr. and Eric D. Williams	April 7, 14, 21, and 28, 2022
<b>2099A ~ Dean Certification Part I</b>	Dr. Benjamin Lett	April 5, 12, 19, and 26, 2022
<b>2099B ~ Dean Certification Part II</b>	Dr. Carolyn C. Walker	April 7, 14, 21, and 28, 2022
<b>2099C ~ Dean Certification Part III</b>	Dr. Benjamin Lett	May 3, 10, 17, and 24, 2022
<b>2099D ~ Dean Certification Part IV</b>	Dr. Carolyn C. Walker	May 5, 12, 19, 26, 2022

**Class Time:** 7:00 PM –9:00 PM (EST); 6:00 PM – 8:00 PM (CST)

**\* You will need to attend all sessions to receive credit.**

### Registration Information

**Registration Dates:** March 1, 2022 – March 29, 2022

**Registration Fee:** \$50 Dean Certification \$155 PATC

**Online Registration:** Click [SSPB Christian Leadership School Virtual Training](#). You will use the same username and password you use when registering for the SSPB Conference. If you have not registered for the conference before you must create a profile.

**Email Registration:** Provide the information requested below and email the form to [ewilliams@sspbnbc.com](mailto:ewilliams@sspbnbc.com) or [christianed@sspbnbc.com](mailto:christianed@sspbnbc.com). *One form per person.* The DCEAC will email all confirmations and links to the email address you provided.

**Mail-in Registrations:** Select your class and mail the registration to the address below. DCEAC will email your course card after completing the training.

### Class Selections

Please check the class you will attend.

- ☐ 2099A~ Dean Certification Part I
 ☐ 2099C ~ Dean Certification Part III
 ☐ PATC ~ Pastor's Alternative
- ☐ 2099B ~ Dean Certification Part II
 ☐ 2099D ~ Dean Certification Part IV

### Personal Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

### Payment Information

Check Number: \_\_\_\_\_ Money Order Number: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Make all checks and money orders payable to the **Division of Christian Education**. Return all registrations to the **Sunday School Publishing Board/Christian Education ~ P. O. Box 70990 ~ Nashville, TN 37207-0990.**