

# FORM 16-Pastor's Advanced Training Course Completion Form

As authorized by the Division of Christian Education Accreditation and Credentials  
of the Sunday School Publishing Board, National Baptist Convention, USA, Inc.  
**Submit the form to:** Christian Education Division, P. O. Box 70990 Nashville, TN 37207-0990

Student's Name \_\_\_\_\_ Student # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Submit this form, a copy of each course card, and fees after completion of each phase to receive a certificate. Check the last column when the course has been completed. Complete the payment section for each phase.**

## Course Requirements for PHASE 2 -----

Course No.	Name of Course	Complete
9906	Baptist Beliefs and Practices	
9914	Connecting the Local Church to the Community	
9927	The Theology of the Old Testament	
9919	Paul's Epistles and Theology	
9920	The Doctrine of the Christian Church	
Elective		

**Phase 2 Fees Submitted**  
Method of Payment:

Check# \_\_\_\_\_

\$ \_\_\_\_\_

MO # \_\_\_\_\_

\$ \_\_\_\_\_

Cashier Check# \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

## Course Requirements for PHASE 3 -----

Course No.	Name of Course	Complete
9902	The Spiritual Life of the Minister	
9903	Ministerial Ethics and Etiquette	
9907	Characteristics of Expository Preaching	
9915	The Essentials of Biblical Research	
9922	The History and Continuing Role of the African American Church	
Elective		

**Phase 3 Fees Submitted**  
Method of Payment:

Check# \_\_\_\_\_

\$ \_\_\_\_\_

MO # \_\_\_\_\_

\$ \_\_\_\_\_

Cashier Check# \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

## Course Requirements for PHASE 4 /DIPLOMA -----

Course No.	Name of Course	Complete
7001	Building Healthy Churches	
9928	The Theology of the New Testament	
9921	Pastoral Leadership in Financing/Budgeting the Work of the Church	
9923	Organizing the Church for Ministry and Mission	
9924	Congregational Leadership in a Contemporary Society	
Elective		

**Phase 4 Fees Submitted**  
Method of Payment:

Check# \_\_\_\_\_

\$ \_\_\_\_\_

MO # \_\_\_\_\_

\$ \_\_\_\_\_

Cashier Check# \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student

### Official Staff Use Only

Phase 2 completion date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phase 3 completion date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phase 4 completion date \_\_\_\_/\_\_\_\_/\_\_\_\_

Certificate mailed: \_\_\_\_\_ Approved and Processed by: \_\_\_\_\_