

**Request for Recognition of Alternative Training for
Healthy Boundaries
Central District Conference**

This form is to be used by Central District Conference credentialed clergy serving outside of congregational-based ministry and who are requesting recognition for training received in lieu of *Healthy Boundaries Training* as provided by CDC and FaithTrust Institute.

Your Name _____ Today's Date _____

Title of the training event, workshop, or program completed that substitutes for *Healthy Boundaries Training*.

Date of training event. _____ Location of Training Event _____ Length (hours) of event _____

Please provide documentation of your participation in the training event such as one of the following:

- a copy of a certificate of completion
- registration receipt along with event description
- other documentation which demonstrates your participation in the training event.

When completed, return this form and supporting documentation to the CDC office at 1015 Division St., Goshen, IN 46528 or email to confmin@mcusacdc.org.