

ETHICS TRAINING EXEMPTION REQUEST

Name _____ Date _____

Address _____

Phone Number _____

Email Address _____

Ministry Status (circle one) Licensed Commissioned Ordained

Reason for Exemption (Please check one or more)

_____ Unable to participate due to health decline

_____ No longer actively serving in any ministry capacity

_____ Unable to attend Ethics Training due to inability to travel

Additional Information for the Ministry Commission:

***Final approval of all exemptions from Mandatory Ethics Training will be the sole decision of the Ministry Commission