

Abundant Life Christian Counseling Services
And Training Center
520 W. Tri-County Blvd
Oliver Springs, Tn 37840

1st ____ 2nd ____ 3rd ____ 4th ____ quarter
(check one)

Period
From _____ to _____

QUARTERLY MINISTRY ACTIVITY REPORT FOR DEGREES, CERTIFICATION, AND/OR LICENSURE

Name: _____ Home phone: _____ Cell: _____

Address: _____ Office phone: _____ Fax: _____

City State _____ Zip: _____

Office Address: _____

1. Please list your goals and objective for this quarter to continue your educational training. Proverbs 3:6 "In all thy ways acknowledge Him and He shall direct thy paths."

2. Have you read, studied or worked on your latest material for at least one hour per day? Yes or No _____ If not, why? What do you need to do to change?

3. Please list the six Bible verses you have memorized in the last twelve weeks

4. I further verify I have recited these verses to at least one other person, from memory. Yes or No _____ If not, what do I need to do to change?

5. Have you participated in regular church attendance, Bible study or devotions and giving to support God's work or Kingdom? Yes or no _____. If not, what do I need to do to change?

6. Are there any concerns or problems that we need to be addressed?

7. Please list prayer needs / request: _____

Signature: _____

Date: _____

***Mail to address above or fax to 865-435-4796

***Any questions call 865-435-5706 or email us @ abundantlife3@comcast.net

quarterlyministryreport.trn