

Date: ___/___/___

IBCD Care & Discipleship Course Level 2 Application

Instructions

*This application is to be submitted upon completion of the requirements for Level 2.
Upon satisfactory completion you will be issued a Level 2 certificate.*

Registration Information

First name: _____ Last name: _____

Have you had any contact information changes since completing Level 1? Yes No
If yes, please indicate changes below

Address: _____

Email: _____

Phone number: _____

Church name: _____

Church address: _____

Training Requirements

1. Instruction

I have listened to the CDC Level 2 course in its entirety.

_____ (applicant's initials)

I completed this instruction via

mp3 DVD video on demand other: _____

2. Exam

I have completed the Level 2 Exam and am submitting it

electronically via email (sent to cdc@ibcd.org)

as a hard copy (included with this application)

I would like to take this exam orally (extra charge applies)

Training Requirements continued

3. Electives

I have listened to the following 3 IBCD electives:

1. _____

2. _____

3. _____

4. Interview

I have completed the Leader Interview and am submitting the signed form

electronically via email (sent to cdc@ibcd.org)

as a hard copy (included with this application)

5. Application payment

I am paying the \$75 application fee by

check (enclosed – made payable to IBCD)

credit card (complete credit card information on the next page)

Certificate Information

1. I would like my name to appear as follows on my certificate:

For Office Use Only

Registration info entered

Electives completed

Instruction completed

Interview completed

Exam received

Payment received

Exam passed

Certificate issued

CDC Level 2 Credit Card Payment Form

Applicant's name: _____

Name on card: _____

Card type: Visa Mastercard Discover

Card number: _____

Expiration date: ___/___ CVC Code: _____ Billing Address Zip Code: _____

I authorize IBCD to charge \$75 to my credit card

(signature)