

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

## IBCD Care & Discipleship Course Level 3 Application

### Instructions

*This application is to be submitted upon completion of the requirements for Level 3.  
Upon satisfactory completion you will be issued a Level 3 Certificate.*

### Registration Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Have you had any contact information changes since completing Level 2?  Yes  No  
If yes, please indicate changes below

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Church name: \_\_\_\_\_

Church address: \_\_\_\_\_

### Training Requirements

#### 1. Required reading

I have completed reading *The Peacemaker* and *Instruments in the Redeemer's Hands*.

\_\_\_\_\_ (applicant's initials)

I have completed the Reading Response Paper and am submitting it

electronically via email (sent to [cdc@ibcd.org](mailto:cdc@ibcd.org))

as a hard copy (included with this application)

## Training Requirements continued

### 2. Counseling Observation

I have completed the Counseling Observation Log and am submitting it

- electronically via email (sent to cdc@ibcd.org)
- as a hard copy (included with this application)

I have completed the Observation Reflection Paper and am submitting it

- electronically via email (sent to cdc@ibcd.org)
- as a hard copy (included with this application)

### 3. 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)

### 4. 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:

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### For Office Use Only

- |   |   |
|---|---|
| <input type="checkbox"/> Registration info entered  | <input type="checkbox"/> Observation response completed |
| <input type="checkbox"/> Required reading completed | <input type="checkbox"/> Interview completed            |
| <input type="checkbox"/> Reading response completed | <input type="checkbox"/> Payment received               |
| <input type="checkbox"/> Observation Log completed  | <input type="checkbox"/> Certificate issued             |

**CDC Level 3 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)