

## CBIS Application for Certification



First Name:

Middle Name

Last Name:

Date of Birth:

How long have you been in Ministry?

Are you a Pastor of Church, if not what is your role in the church?

Church You Attend or Pastor:

Street Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

E-mail Address:

Which Program are you enrolling in?

Application Fee:

How would you like to pay?

Cash\_\_\_ Check\_\_\_ Credit Card\_\_\_

\*All credit card payments will be processed via PayPal. Email us @ [drlewis@christianbibleinstitute.net](mailto:drlewis@christianbibleinstitute.net) to request an invoice for payment\*

