



CERTIFICATION APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE: _____

TRAINING:

FOUNDATIONS OF CHRISTIAN LEADERSHIP COACHING

DATE COMPLETED: _____ LOCATION: _____

ESTABLISHING A DYNAMIC COACHING RELATIONSHIP

DATE COMPLETED: _____ LOCATION: _____

ADDITIONAL 16 HOUR CLASS: _____

DATE COMPLETED: _____ LOCATION: _____

TELECLASS 1 DATE: _____ TOPIC: _____

TELECLASS 2 DATE: _____ TOPIC: _____

TELECLASS 3 DATE: _____ TOPIC: _____

MENTOR COACH NAME: _____ DATE MENTOR COACHING COMPLETED: _____

APPLICATION FEE: \$575

TYPE OF CARD: _____ EXPIRATION DATE: _____

CARD NUMBER: _____ CSC: _____

NAME ON THE CARD: _____

BILLING ADDRESS FOR CARD: _____

CITY: _____ STATE: _____ ZIP: _____

Mail application, along with copies of certificates issued by Jerry Essary Coaching, to Hollifield Leadership Center, 6692 Valwood Road, Conover, NC 28613.