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Application for Certified Instructor

After meeting all requirements for certification, complete the following information, sign and date at bottom of page.

Applicant Information:

Your Name (print or type clearly, as you wish it to appear on your certificate)

Your Address

City

State

ZIP

Preferred Phone Number

Your Email Address

Training Information:

Name of the church, ministry, or person training you

Address of the church, ministry, or person training you

City

State

ZIP

Phone Number and Email Address of person overseeing your training

Name of church/prison/place where you completed required group facilitation, if different from above

Date you completed required
group facilitation

Date you completed the
Leadership Training Seminar

If ex-prisoner, your release date

Name of place where you attended Leadership Training Seminar

Name of person who hosted the Leadership Training Seminar

Name and address to mail certificate

Your signature authorizes Overcomers, Inc., to verify the above information.

Signature

Date

We love to hear testimonies of what the Lord has done in people's lives through Overcomers. If you desire, please give us your brief Overcomers testimony. You may use the back side of this form or attach another sheet of paper. Unless you indicate otherwise, we may use portions of your testimony as encouragement on Overcomers Recovery Support's Facebook page, newsletter, or other promotional materials.