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www.onefaithministry.net

One Faith Ministry Incorporated

Recertification Application

Please Print

Date _____

Name _____
Last Middle First

Mailing Address _____

City State Zip Code

Phone: () _____ Cell Phone: () _____

Fax: () _____ E-Mail _____

Certification Fee: \$30.00 annually.

Please circle which certification status you have obtained:

- Certified Christian Counselor
- Certified Faith Based Clinical Counselor
- Board Certified Christian Counselor
- Board Certified Faith Based Clinical Counselor

Please print how you wish your name to be printed on certificate and /or card.

*You are in the right place, at the right
time, for the right reason!*