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www.onefaithministryinc.com

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: \$35.00 annually. \$45.00 if after due date.

You may request an invoice to pay by credit or debit card, but a tax will be added to the transaction.

Please circle which certification status you have obtained:

- Certified Christian Counselor
- Certified Faith Based Clinical 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!

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