



Application for Certified Christian Insurance Advisor professional designation program.

Personal Information:

Name: _____ Date: _____
Home Address: _____ City: _____ State: ____ Zip: _____
Business Address: _____ City: _____ State: ____ Zip: _____
e-mail address: _____ Spouse Name: _____

Education:

Graduate School: _____ City: _____ State: ____
Degree Received: _____ Years Attended: _____
Undergraduate School: _____ City: _____ State: ____
Degree Received: _____ Years Attended: _____

Please list current professional designations held:

Fellowship:

Current Church Attendance: _____ Years Attended: _____

Areas of Service at this Church:

Other Ministry Involvement/Activities:

References:

Please list one business references and one spiritual reference that we may contact on your behalf:

Business references:

Name: _____ Phone Numbers: _____

e-mail address: _____

Spiritual references:

Name: _____ Phone Numbers: _____

e-mail address: _____

The Call

On a separate sheet, please provide a brief testimony of your spiritual walk. Please include the reason you believe God has called you to the insurance business and is preparing you to become a CCIA (Certified Christian Insurance Advisor).

I attest to the integrity of the information provided in this application.

Applicant Signature

Date

Mail, Fax, or Email to:
Fellowship of Christian Insurance Advisors International
11210 West Road, Roswell, GA 30075
Tel. & Fax: 770-993-7707
info@fciai.org
www.fciai.org