

FY22 Pastoral Skills Training Intensive Course
PLEASE TYPE ALL INFORMATION
(Use "Fill and Sign" Tab at upper right to add text)
(Incomplete or Illegible Applications WILL NOT be processed)

Name (last, first, MI): _____ Rank: _____

SS# (Required for Registrar): _____ Component: ACTIVE _____
ARNG _____
USAR _____

Address: _____ City _____ State _____ Zip _____

Unit _____ Position _____

Email and Phone Information

Army Email: _____ Work Phone: _____

Personal email: _____ Gov't Cell: _____ Per. Cell: _____

Schedule (Check Appropriate Date) Choose Only One

_____ 21 Mar – 1 Apr	Fort Bragg, NC
_____ 16-27 May	Fort Hood, TX
_____ 18-29 JUL	Fort Bragg, NC

Required Signatures:

1. Applicant: I understand that if selected for this training course that I am expected to complete all assignments provided prior to the class, report on time, and remain throughout the entire course in order to receive credit. I also agree that if for some reason I am unable to attend, it is my responsibility to notify the Family Life Chaplain Training Center point of contact at the appropriate site.

Signature/Date: _____

2. Supervisory Chaplain or Commander: I have reviewed this application and approve the applicant to attend this training based on available funds and training days.

Signature/Date: _____

3. Guard or Reserve Training Manager: I have reviewed this Chaplains PME requirements and the applicant has completed appropriate career mandated training.

Signature/Date: _____

Submit to Email below:

darin.a.nielsen.mil@army.mil