# FY23 Pastoral Skills 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

DOD ID#

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

15-26 May 23

11-22 Sep 23

# Required Signatures:

Fort Hood, TX

Fort Bragg, NC

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:

1. 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. (CH (MAJ) David Evans, MSG Eric Schenck)

Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit to Email below:

[**john.p.manuel.mil@army.mil.**](mailto:john.p.manuel.mil@army.mil.)