

**FAMILY COMMUNITY LEADERSHIP
APPLICATION FOR NATIONAL TRAINER CERTIFICATION**

To receive a certificate and official name badge provide a summary of the 60 hours of applied FCL leadership skills in the spaces below. Use additional pages, if necessary.

a) TOPICS TAUGHT: Where, when (dates), length of presentation, to total 20 hours or more _____

b) COMMUNITY ACTION TAKEN: Where, when (dates), length of time, to total 20 hours or more _____

c) PUBLIC POLICY ACTION TAKEN: Where, when (dates), length of time to total 20 hours or more _____

d) OTHER ACTIVITIES WHERE FCL LEADERSHIP SKILLS WERE APPLIED.

Name of applicant

Address/city/state/zip

Telephone/Fax/Email

State FCE President