



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:

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**Fellowship:**

Current Church Attendance: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Areas of Service at this Church:

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Other Ministry Involvement/Activities:

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**References:**

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

*Business references:*

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

e-mail address: \_\_\_\_\_

*Spiritual references:*

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

e-mail address: \_\_\_\_\_

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**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).*

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

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**Applicant Signature**

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**Date**

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**Mail or Fax to:**

**Fellowship of Christian Insurance Advisors International**

**9655 Dogwood Rd., Roswell, GA. 30075**

**Voice 888-887-4459 Fax: 678-714-9646**

**www.fciai.org**