



**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. There are two (2) pages to this application. Provide documentation of what was done in each area.

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

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

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

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d) OTHER ACTIVITIES WHERE FCL LEADERSHIP SKILLS WERE APPLIED.

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Name of Applicant : \_\_\_\_\_

Complete Address of Applicant: \_\_\_\_\_

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Phone Number of Applicant: \_\_\_\_\_

Email Address of Applicant: \_\_\_\_\_

FCE STATE PRESIDENT'S Signature:

\_\_\_\_\_ DATE: \_\_\_\_\_