



Hospice Care Chaplain Certification Exam

Date exam was completed: _____

Print or type your name: _____

Address: _____

Phone Number: _____

Email Address: _____

CFMI Member: Yes: _____ No: _____ Since: _____

Member's ID Card No: _____

Master Chaplain: _____ Senior Chaplain: _____ Registered: _____ Basic: _____

I am not a member of CFMI: _____

I hereby certify that I am the person who has taken this exam and am requesting my certification as a hospice care chaplain. **Please make a copy of your exam in case it gets lost in the mail.**

Signature: _____

Send your completed final exam to the address below. Thank you!

Chaplain Fellowship Ministries
4410 Box Canyon Drive
Temple, Texas 76502-3263