



### 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