

**MENTOR TRAINING VERIFICATION
NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY
FOR SUPERVISORS OF STUDENTS
IN SUPERVISED MINISTRY II
PATH 6230 OR EVAN 6230**

I viewed the Mentor Training Material provided by the Supervised Ministry Office of New Orleans Baptist Theological Seminary.

_____	_____	_____
Location	Date	Signature of Field Supervisor
_____	_____	
Title	Name of Church or Ministry	
_____	_____	
Address	City, State, and Zip	
_____	_____	
Email	Phone	
_____	_____	
Student	Student's Ministry Position	