



LOCAL LEADERSHIP DEVELOPMENT

CHECKLIST OF REQUIREMENTS

[Please use this checklist to help monitor the progress of the LLD participant(s) prior to requesting the certificate(s).]

Church Name: _____ Pastor: _____

Account Fully Paid? Yes No (Details, if not fully paid: _____)

#	Name(s) of LLD Participant(s)	Enrollment form	Attendance Seminar #1	Attendance Seminar #2	Attendance Seminar #3	Read all Textbooks	Final self-evaluation	REMARKS
1						<input type="checkbox"/> Yes <input type="checkbox"/> No		
2						<input type="checkbox"/> Yes <input type="checkbox"/> No		
3						<input type="checkbox"/> Yes <input type="checkbox"/> No		
4						<input type="checkbox"/> Yes <input type="checkbox"/> No		
5						<input type="checkbox"/> Yes <input type="checkbox"/> No		
6						<input type="checkbox"/> Yes <input type="checkbox"/> No		
7						<input type="checkbox"/> Yes <input type="checkbox"/> No		
8						<input type="checkbox"/> Yes <input type="checkbox"/> No		
9						<input type="checkbox"/> Yes <input type="checkbox"/> No		
10						<input type="checkbox"/> Yes <input type="checkbox"/> No		
11						<input type="checkbox"/> Yes <input type="checkbox"/> No		
12						<input type="checkbox"/> Yes <input type="checkbox"/> No		
13						<input type="checkbox"/> Yes <input type="checkbox"/> No		
14						<input type="checkbox"/> Yes <input type="checkbox"/> No		
15						<input type="checkbox"/> Yes <input type="checkbox"/> No		
16						<input type="checkbox"/> Yes <input type="checkbox"/> No		
17						<input type="checkbox"/> Yes <input type="checkbox"/> No		
18						<input type="checkbox"/> Yes <input type="checkbox"/> No		
19						<input type="checkbox"/> Yes <input type="checkbox"/> No		
20						<input type="checkbox"/> Yes <input type="checkbox"/> No		

Checked by _____ Verified by _____ Certificate(s) requested _____
(Record keeper) (Pastor) Date