**Personal Continuing Ministerial Development Portfolio**

**Name Date from to**

**Please send a copy to** **portfolio@collegeofbaptistministers.org**

|  |  |  |  |
| --- | --- | --- | --- |
| STRAND | DATE | EXPERIENCE | VERIFICATION |
| Accountability | e |  |  |
| Applied practice |  |  |  |
| Appraisal |  |  |  |
| Collegiality |  |  |  |
| Learning |  |  |  |
| Ministries |  |  |  |
| Practical |  |  |  |
| Spirituality |  |  |  |
| Other |  |  |  |