



**The Association of
Christian Spiritual Directors Inc.**

Associate Member

Name.....

Address.....

.....

Email.....

Phone.....

I,.....have completed 50 hours of supervised,
one on one, contracted practice as a Spiritual Director post Graduation

Signed.....Date.....

Supervisor

I,

confirm that

has completed 50 hours of supervised one on one, contracted practice
in Spiritual Direction post-Graduation.

I am qualified to offer professional supervision of Spiritual Directors.

I am satisfied thatoperates under professional practice
as a Spiritual Director.

Signed.....Date.....