

Counselor Certification Course
DCE Team Administration Form

Date Faxed: _____

Page _____ of _____

Council: _____ Workshop delivered on: _____

DCE Team member assigned as administrator: _____

Name	Home Address	Club Number	Date Booklet Evaluated

Instructions:

1. Collect and evaluate the *Counselor Certification Course* booklets of all participants.
2. If completed correctly, award the *counselor stripe*; if not, ask participant to complete.
3. Once all booklets are collected, fill out and mail or fax this form to the Corps office: (616) 241-5558; PO Box 7259, Grand Rapids, MI 49510.

Note: Make certain the above information is complete and legible. Give participant one week to complete.