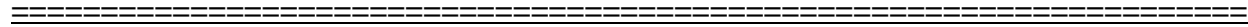
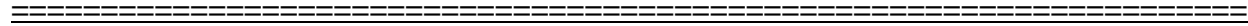


**DeMolay Advisor Development Program
Trainer Certification**



Certified Jurisdictional Trainer



The following individual has been trained as a "Certified Jurisdictional Trainer" for the DeMolay Advisor Development **DAD Program**.

Jurisdiction of: _____

Name: _____

Address: _____

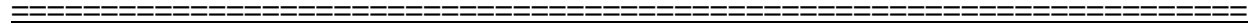
City: _____ State: _____ Zip: _____

Phone - Home: _____ Bus: _____

Position on Jurisdictional Staff: _____

DeMolay Chapter: _____

Advisor ID #: _____



To be completed by Certified Regional Training Director or Executive Officer:

Training completed on: _____ Location: _____

Signed: _____ Date: _____

Title: _____



To be completed by Executive Officer:

The above has received training as a "Certified Jurisdictional Trainer" and is authorized to train and certify individuals through the DeMolay Advisor Development program.

Signed: _____ Date: _____

**Return to:
DeMolay Service & Leadership Center
10200 N. Executive Hills Blvd.
Kansas City, MO 64153
Tel: (816) 891-8333
Fax: (816) 891-9062**

