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| **APPRENTICESHIP HOURS**  ***HORAS DE PRACTICA*** | | | | | | | | |
| **NAME / *NOMBRE:*** | | |  | | | | | |
| **VISITING PARISH / ORGANIZATION: *PARROQUIA U ORGANIZACIÓN QUE VISITÓ:*** | | | | | |  | | |
| **AREA OF MINISTRY:**  ***AREA DE MINISTERIO:*** | | | |  | | | | |
| **MINISTRY DIRECTOR / COORDINATOR: *COORDINADOR/DIRECTOR DEL MINISTERIO:*** | | | | | | |  | |
|  |  | | | |  | | | |
| **DATE *FECHA:*** | **HOURS *HORAS:*** | | | | **LOCATION / CONTACT**  ***LUGAR / CONTACTO*** | | | |
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| **TOTAL SESSIONS**  ***# DE SESIONES:*** | |  | | | | **TOTAL HOURS**  ***TOTAL DE HORAS:*** | |  |
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Rev 11/09/15