

WELS/ELS Christian Therapist Network Form

Acting on Hope 1. MLC Course Psy 9501.

**Complete and e-mail a copy of this form to Alan H. Siggelkow, LCSW, at
ahsiggelkow@gmail.com by June 1, 2018.**

Name: _____

Title: _____

Counseling agency: _____

Church affiliation: _____

Address:

Telephone number: _____

E-mail address: _____

(This should be the e-mail you prefer to use for this course—it should be an e-mail to which you have access during non-working hours. For example, I will be using my home e-mail while teaching this course: ahsiggelkow@gmail.com.)

- I have registered with Martin Luther College (MLC) for this course.**
- I am a therapist employed by WLCFS-Christian Family Solutions and my fee will be paid by the agency.**

Please note: You must register with Martin Luther College for this course by June 1, 2018 using this link: <https://mlc-wels.edu/continuing-education/registration/new-student-registration/>