

Living Stream Ministry

2431 W. La Palma Ave., / Anaheim, CA 92801
P.O. Box 2121 / Anaheim, CA 92814 / U.S.A.

November 21, 2011

TO THE ELDERS OF THE CHURCHES

RE: Announcement of the Spring 2012 Middle-age Full-time Training in Anaheim

Thank the Lord that the twentieth term of the multi-language Middle-age Full-time Training (FTTA-MA) is completed. Saints from various countries: United States and Puerto Rico, Brazil, Canada, China, Colombia, England, Israel, Korea, Malaysia, New Zealand, Norway, Philippines, Sweden, and Taiwan participated in this past term of the training. Regardless of their respective races, nationalities, and languages, the trainees are being perfected in an atmosphere of blending and in the reality of the one new man.

The FTTA-MA is a one-year program, and all classes are designed with a full year in view in two 15-week terms. The coming spring term of the Middle-age Training will begin on March 12, 2012 and will conclude on June 23, 2012. The curriculum and schedule are designed to meet the specific needs of this age group. The classes are given in English, Chinese, Korean and Spanish languages. We hope that many saints in the Lord's recovery, between the ages of 35 and 65, will seize this opportunity to be perfected. Please refer to the attached information sheets for details. All applications must be received by the Middle-age Training office no later than February 13, 2012.

Sincerely,

Living Stream Ministry
Middle-age Full-time Training in Anaheim

Middle-age Full-time Training in Anaheim Information

Date: Monday, March 12, 2012 to Saturday, June 23, 2012

Registration Deadline: 1. All applications including all required medical forms must be received by the training office no later than **February 13, 2012**.

2. Those accepted to the Training will be notified by e-mail.
3. Further details concerning the Training will be furnished upon acceptance notification.

Location: Ministry Conference Center (MCC)
Living Stream Ministry Campus, 2431 W. La Palma Ave, Anaheim, CA 92801

Qualification: Brothers or sisters in the church life, between the age of 35 and 65, in sound physical and mental health, and with elders' recommendation.

Saints may attend the training on a short-term basis. The minimum period required for short-term is one week.

Lodging: Training-arranged housing will be provided to single brothers or sisters when requested. Married couples without children will be lodged together in training-arranged housing if both are trainees. Couples with children may also apply provided they are able to take care of their own housing needs and living costs. Southern California trainees may stay at home and commute.

Transportation: Trainees are encouraged to provide their own vehicle.

Clothing: Brothers: White long sleeve shirt, tie, long pants, dark-colored shoes and socks.
Sisters: Clothing should be worn with modesty and sobriety, proper and appropriate with no sandals. Sleeveless blouse and slacks are not allowed in training classes.

Medical Requirements: Mandatory medical requirements for trainees registered for one month or longer:

1. Major medical or valid travel insurance, which provides coverage while trainees are in Anaheim, must be in place before they arrive for the first day of the training.
2. Health Questionnaire must be completed and submitted along with the application (download the form at www.ftamidage.org).
3. Physical Examination Form must be completed by a licensed physician and submitted along with the application (download the form at www.ftamidage.org).

All incoming trainees must submit evidence of tuberculosis (TB) screening.

Although tuberculosis screening need not be completed before the application is submitted, it must be completed before arrival in Anaheim. Trainees are not allowed to participate in the training, including meals or housing, prior to completion of tuberculosis screening.

In most cases, TB screening is done by a skin test (PPD) performed within the last 6 months before the start of the Training. However, in the event that your TB skin test returns positive, a radiologist's report in English of a chest X-ray done after the PPD must be submitted. The skin test requires two visits to a health care provider, 48-72 hours apart, and obtaining a chest x-ray report normally requires at least a week. The applicant should allow for unforeseen delays.

If the PPD test was positive in the past, the PPD should not be repeated. In this case, a chest x-ray done within the last 12 months before the start of the training is sufficient.

If the TB screening requirement is fulfilled by chest x-ray, the report must be in English and signed by a radiologist. Note that a statement from a personal physician that the chest x-ray was normal is not sufficient. In addition, you must send the chest x-ray in electronic format to medical@fta.org, or bring the chest X-ray, preferably in electronic format, to your medical interview on the first day of the Training.

An alternate method of screening is by blood test. One advantage of the blood test is that it might turn out normal even if the PPD was positive in the past, which would spare the need for a chest x-ray. However, the blood test is more expensive and is not as widely used as the PPD.

There are two situations in which no skin test, x-ray or blood test is required. One is if the individual has previously had TB, has completed treatment, and is currently without symptoms of cough, fatigue, night sweats or weight loss. The other is if the individual has completed a course of antibiotic prophylaxis for TB (this is usually 6-9 months in duration). In either case, documentation of treatment must be submitted in English.

Applicants are strongly recommended to have blood tests for hepatitis B; if the tests are negative, they should be immunized.

Cost: Full-time trainee: US \$2400 per term of 15 weeks, or \$160/week, including lodging and meals
Short-term trainee: US \$160/week (includes lodging and meals)
Commuter: US \$900 per term of 15 weeks or \$60/week (no lodging and meals)
Personal expenses: Not included in the above

Payment: Make check payable to LSM, and mail it to:
Living Stream Ministry
Middle-age Full-time Training
2431 W. La Palma Ave.
Anaheim, CA 92801

Payment schedule:
Option 1: Full payment on 3/12/2012
Option 2: Every 4 weeks on 3/12/12, 4/9/12, 5/7/12, and 6/4/12, with \$640 for the first three payments, and \$480 for the last payment.

Schedule: Classes: Monday – 7:00 PM to 9:00 PM
Tuesday to Friday – 9:00 AM to 2:30 PM
Wednesday – 7:30 PM to 9:30 PM

Gospel service: Friday & Saturday evenings – Neighborhood children’s meetings and church small group meetings
Saturday – Gospel visitation and follow-up
Lord’s Day – Attend Lord’s table & prophesying meeting

Contact: **Middle-age Full-time Training Office:** 714-236-6027; Office Fax: 714-236-6029
Mailing Address: P. O. Box 2121, Anaheim, CA 92814, U.S.A.
Email Address: Midage@ftta.org
Website: www.fttamidage.org

English-speaking

David Koo: dkoo@ftta.org

Rick Scatterday: rscatterday@ftta.org

Chinese-speaking

Samuel Liu: chenshiliu@yahoo.com

Hermon Chang: hermonc@yahoo.com

Korean-speaking

Jasper Kim: jaspkim@gmail.com

Ezra Paik: ezra1200@gmail.com

Spanish-speaking

Victor Molina: vmolina@ftta.org

Walter Ortiz: walter@lsm.org

Translation: FM radio and headset are required for all non-English speaking trainees.

MIDDLE-AGE FULL-TIME TRAINING IN ANAHEIM APPLICATION FORM

Spring 2012 (3/12/12 to 6/23/12)

Application Deadline: February 13, 2012

PLEASE PRINT NEATLY & THOROUGHLY IN DETAIL

Name _____ [] Bro [] Sis Birth Date: ____/____/____
Last First M.I. mm dd yy
 Age _____

Address _____ Home Phone () _____
 _____ Fax () _____
 _____ Cell Phone () _____

Sending Locality: _____ E-mail _____
City Country

Nationality _____ Language(s) Spoken: _____

Education: _____
School Major Degree

Present or recent occupation: _____; If presently serving full-time, date you began: _____

Will you bring a car: [] Yes [] No --- If Yes, how many occupants will it hold? _____

Housing desired: Yes ___ No ___

Attending Date: Full Time _____ Short Term: _____ from when _____ to when _____

Date saved: _____ Date baptized: _____ Date you came to the church _____

Locality where you first contacted the church: _____

Areas of church service you have been involved in: _____

Marital status [] Single [] Married [] Widowed [] Divorced / Separated

Spouse's Name _____ Spouse's Age _____

Date of Marriage _____ Spouse's Occupation _____

Spouse's attitude toward your attending the training: [] Agree [] Disagree [] Also will attend

Dependents:	Name	Relationship	Age	Saved
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1. _____				[] Y [] N
----------	--	--	--	-------------

2. _____				[] Y [] N
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Mandatory Medical Requirements for Trainees Registered for One Month or Longer:

1. Major medical or valid travel insurance, which provides coverage while trainees are in Anaheim, must be in place before they arrive for the first day of the training: Insurance provider's name/Tel: _____

Policy #: _____ Insured period: From _____ to _____ (Please provide proof of insurance)

2. Health Questionnaire must be completed and submitted along with this application. Yes []

3. Physical Exam Form must be completed by a licensed physician and submitted along with this application. Yes []

You will be supported by: [] Yourself [] Church [] Family or Friends [] Other means _____

Other pertinent information: _____

Applicant's Signature _____ Date: _____

After completing the above form, please submit it to the elders for their recommendation, endorsement, and mailing.

Additional Personal Information

Name: _____

Date: _____

1. Please introduce yourself:

(Your answer should briefly describe your marriage, family, work, health, when and how you were saved, etc., how is your church life and meeting life after you were saved?)

2. Why am I attending this training?

3. My expectation from this training:

4. Life Practice, Truth Pursuit and God-ordained Way Practice:

Daily personal morning revival: _____ Yes _____ No

Daily Bible reading: _____ Yes _____ No

Daily personal prayer: _____ Yes _____ No

Gospel preaching: _____ Yes _____ No

Shepherding new ones: _____ Yes _____ No

Attending small group meeting: _____ Yes _____ No

Lord's day prophesying: _____ Yes _____ No

List down all Life-study you have read through: _____

Other: _____

Elder's Recommendation for Bro/Sis _____
(To be filled out and mailed by the elders)

Your responses to the following questions will be used to help us better understand and serve this trainee. Your responses will not be used to exclude this candidate from the training. Please answer the following questions by circling the appropriate number along the provided continuum.

1. Candidate's participation in the church during the past year:

1	2	3	4	5	
<p>Seldom attends; little interest; only recently has had a turn</p>					<p>A strength to the church; imparts life, serves actively.</p>

2. Candidate's knowledge of the truth:

1	2	3	4	5	
<p>Has not read the Bible through; has little understanding of the basic truths.</p>					<p>Has displayed a strong knowledge of the Bible and the basic truths.</p>

3. Candidate's ability to work together with others:

1	2	3	4	5	
<p>A loner, or one who often argues and fights with others. Insists on his/her own way.</p>					<p>Works well with others. Respects others both older and younger.</p>

4. Candidate's work ethic:

1	2	3	4	5	
<p>Lacks goals. Avoids work.</p>					<p>Very accomplished. Responsible, trustworthy.</p>

5. Does this candidate understand the restrictions concerning contact with the opposite sex during the training and during the breaks? Does the candidate understand the disciplinary measures that will be exercised if this rule is violated?
6. Do you have the confidence that this candidate can abide by the restrictions concerning contacting the opposite sex during his/her tenure at the training?
7. Please provide any additional information about this candidate which might help us better understand and serve him/her in the training.

Elders' Signature: _____ Date: _____ Contact Number: _____

Print Name: _____ E-mail address: _____

If you feel any question is too personal please feel free to omit and discuss with the medical doctor in private.

FTTA MIDDLE-AGE TRAINING

TRAINEE HEALTH QUESTIONNAIRE

(To be filled out by the applicant and submitted with the application)

CONFIDENTIAL

Name _____ Phone No. (_____) _____

Age _____ Sex _____ Race _____ Fax/E-mail _____
Date of Birth _____

Locality _____ Nationality _____

Please give details to any question answered by a check in the left-hand column in the space provided at the end of the questionnaire.

1. Are you presently in good general health and free of contagious illness? Yes _____ No _____
2. Do you have any allergies to medicines? Yes _____ No _____
3. Do you have any allergies to foods? Yes _____ No _____
4. Do you have any allergies to mold, pollen or other substance that are inhaled? Yes _____ No _____
5. Do you have any chronic illness? Yes _____ No _____
6. Do you have any physical disability? Yes _____ No _____
7. Do you take any medicine on a regular basis? Yes _____ No _____
8. Have you ever had surgery? Yes _____ No _____
9. Have you been advised by a doctor to have any diagnostic procedures or treatment which has not yet been done (for example, chest x-ray for chronic cough, surgery or hernia)? Yes _____ No _____
10. Have you ever had the following illnesses?
 - peptic ulcer Yes _____ No _____
 - tuberculosis Yes _____ No _____
 - hepatitis Yes _____ No _____
 - heart disease Yes _____ No _____
 - kidney disease Yes _____ No _____
 - cancer Yes _____ No _____
 - high blood pressure Yes _____ No _____
 - nervous breakdown Yes _____ No _____
 - asthma Yes _____ No _____
 - other serious illness Yes _____ No _____
11. Have you ever been hospitalized for physical or mental illness? Yes _____ No _____
12. Have you used tobacco, alcohol or habit-forming drugs within the last three years? Yes _____ No _____
 - * If you ever used cigarettes regularly, for how many years and how many packs per day? _____
13. Have you ever had a serious injury? (e.g., whiplash, concussion, fractured bone)? Yes _____ No _____
14. Have you had a physical examination with the last three years? Yes _____ No _____
 - * If so, give date, reason and result _____
15. Have you had a chest x-ray within the last three years? Yes _____ No _____
 - * If so, give date, reason and result _____
16. How many colds do you have per year? Less than 3 _____ 3 or more _____
17. In the last year, have you lost more than one week from school or work due to your health? Yes _____ No _____
18. In the last three years, have you lost more than one month from school or work due to your health? Yes _____ No _____

19. Have you exercised regularly during the last three years? Yes_____ No_____
20. What level of exercise can you tolerate? Running _____
 Jogging _____
 Walking _____
 Don't know _____
21. Do you anticipate a problem sharing a bedroom with five other people? Yes_____ No_____
22. Do you anticipate a problem from culture shock? Yes_____ No_____

IMMUNIZATION RECORD

Immunization/Test * Date Received

Td		Should be within last 10 years	
Hepatitis A	#1	#2	
Hepatitis B **	#1	#2	#3
TB skin test (PPD)	Date: Result:	If positive , date of chest x-ray:	Result of chest x-ray:
MMR	#1	#2	

*If any of the immunizations or TB skin test (PPD) have **not** been received, please explain reason in space provided below.

If immunization has **not been received, indicate reason:

- a) have had it and am a carrier
- b) have had it and am immune
- c) do not know my status, I did not received the full series. (If so, a blood test can verify immune status.)

DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING COMPLAINTS?

23. Recent weight change of five or more pounds Yes_____ No_____
24. Toothache Yes_____ No_____
25. Gums which are red, swollen or bleed easily Yes_____ No_____
26. Teeth which need to be filled, extracted or replaced Yes_____ No_____
27. Headaches Yes_____ No_____
28. Double vision Yes_____ No_____
29. Dizziness of fainting spells Yes_____ No_____
30. Glaucoma Yes_____ No_____
31. Runny nose or sore throat Yes_____ No_____
32. Chronic sinusitis Yes_____ No_____
33. Nose bleeds Yes_____ No_____
34. Ear Disease Yes_____ No_____
35. Impaired hearing Yes_____ No_____
36. Thyroid disease Yes_____ No_____
37. Enlarged glands Yes_____ No_____
38. Cough for more than three weeks, or bloody sputum Yes_____ No_____
39. Wheezing Yes_____ No_____
40. Any other kind of lung trouble Yes_____ No_____
41. Chest pain Yes_____ No_____
42. Heart murmur Yes_____ No_____
43. Swollen hands Yes_____ No_____
44. Feeling of awakening in the night smothering Yes_____ No_____
45. Shortness of breath (not during exercise) Yes_____ No_____

- | | | | |
|-----|--|-----|----|
| 46. | Abdominal pain | Yes | No |
| 47. | Nausea or vomiting | Yes | No |
| 48. | Heartburn | Yes | No |
| 49. | Excessive belching or passing gas | Yes | No |
| 50. | Diarrhea | Yes | No |
| 51. | Constipation | Yes | No |
| 52. | Recent change in bowel habits | Yes | No |
| 53. | Pain with bowel movements | Yes | No |
| 54. | Blood with bowel movements | Yes | No |
| 55. | Sensation of food sticking in throat | Yes | No |
| 56. | Difficulty swallowing | Yes | No |
| 57. | Painful Urination | Yes | No |
| 58. | Blood in urine | Yes | No |
| 59. | Frequent urination (more than 6x/day or 1x/night) | Yes | No |
| 60. | Weak stream of urine, or leaking urine | Yes | No |
| 61. | (For males only) Discharge from the penis | Yes | No |
| 62. | Marital problems | Yes | No |
| 63. | Varicose veins | Yes | No |
| 64. | Joint pain | Yes | No |
| 65. | Pain in legs or buttocks when walking, which is relieved by rest | Yes | No |
| 66. | Change in color or size of a mole | Yes | No |
| 67. | Bleeding mole | Yes | No |
| 68. | Scab which has not healed in three weeks or more | Yes | No |
| 69. | Change in skin color | Yes | No |
| 70. | Frequent skin infections or boils | Yes | No |
| 71. | Other skin diseases | Yes | No |
| 72. | Lump under the skin | Yes | No |
| 73. | Anemia | Yes | No |
| 74. | Blood clots | Yes | No |
| 75. | Easy bruising | Yes | No |
| 76. | Prolonged bleeding after surgery or injury | Yes | No |
| 77. | Convulsions | Yes | No |
| 78. | Weakness or paralysis | Yes | No |
| 79. | Difficulty falling asleep in the evening | Yes | No |
| 80. | If you awaken during the night, difficulty falling back asleep | Yes | No |
| 81. | Have you ever been under psychiatric care or been advised to see a psychiatrist? | Yes | No |
| 82. | Unusual fears (such as claustrophobia)? | Yes | No |
| 83. | Difficulty in adjusting to new situations | Yes | No |
| 84. | Intolerant to heat or cold | Yes | No |
| 85. | Change in hat or glove size | Yes | No |
| 86. | Change in hair growth | Yes | No |

QUESTIONS 87-97 FOR WOMEN ONLY

- | | | | |
|-----|---|-----|----|
| 87. | Do you miss school or work due to menstrual pain? | Yes | No |
| 88. | Do you have bleeding in between your periods? | Yes | No |
| 89. | Do you have vaginal itching or discharge? | Yes | No |
| 90. | Have you ever had a Pap smear (test for cervical cancer)? | | |
| | * If so, give date and result _____ | | |
| 91. | Do you examine your breasts monthly? | Yes | No |
| 92. | Do you have a breast lump or lump under your arm? | Yes | No |
| 93. | Do you have a discharge from the nipple? | Yes | No |
| 94. | Age at which periods began _____ | | |
| 95. | Do you still have periods? | Yes | No |
| | * If not, age at which periods ceased _____ | | |
| 96. | Number of pregnancies _____ | | |

97. Number of live births _____

SOCIAL AND OCCUPATIONAL HISTORY

98. Have you ever been exposed to hazardous working environment? Yes_____ No_____

99. Marital status single _____
 married _____
 widowed _____
 separated _____
 divorced _____

100. How many dependents live with you (except spouse) _____

101. What was the highest level of education you attained? _____
Degree _____ Field _____

102. What were your occupation(s) before going full-time? _____

103. Have you had any training in medicine, nursing or related fields? Yes_____ No_____
* If so, please give details _____

FAMILY HISTORY

104. Relationship	If alive, age	If deceased, age at death	Present state of health or cause of death
Father	_____	_____	_____
Mother	_____	_____	_____
Brother	_____	_____	_____
Sister	_____	_____	_____

105. Besides those noted above, do any other diseases run in your family? Yes_____ No_____
* If so, give details _____

ADDITIONAL INFORMATION

106. What is your height? _____

107. What is your weight? _____

108. Has your blood pressure been measured in the last three years? Yes_____ No_____
* If so, what was it? _____

109. Whom to notify in case of emergency:
Name _____

Address _____

Telephone _____

This space is for detailed answers to questions above. Please be sure to note the question number.
Attach additional sheet if necessary.

Signature _____ Date _____

MIDDLE-AGE FULL-TIME TRAINING IN ANAHEIM

Physical Examination Form

CONFIDENTIAL

(To be filled out and signed by a licensed physician)

Note to physician: Our purpose in requesting this examination is to obtain your opinion as to whether the applicant is physically able to engage in a program that includes moderately intense academic and community-outreach components.

Patient's Name _____ Phone _____ Age _____ Sex _____

1. Vital signs: BP _____ Heart rate _____ Respiratory rate _____ Weight _____ Height _____

2. General Appearance: _____

3. Head. Ear. Eye. Nose. Throat: _____

4. Neck: _____

5. Lungs: _____

6. Heart: _____

7. Abdomen: _____

8. Back: _____

9. Extremities: _____

10. Skin: _____

11. Lymphatics: _____

12. Neurologic: _____

13. Prescription medications taken on a regular basis: _____

14. TB skin test or blood test (**within 6 months**): Date of test: _____ Result: _____

If positive, date of chest x-ray: _____ Result of chest x-ray: _____

15. Laboratory Findings (Please assure the following indicated laboratory tests have been completed within the **past six months**.):

	Within normal range (Yes/No)	If no, please explain
CBC		
Electrolytes & Fasting blood glucose		
Fasting Lipids		
Liver & kidney-related blood chemistries		
EKG		

***Evidence of TB or X-ray, laboratory and EKG tests must be submitted along with this form.**

Physician's signature _____ Date: _____

Physician's name _____ Telephone number: _____

Address: _____

Middle-age Full-time Training in Anaheim 2431 W. La Palma Ave., Anaheim, CA 92801 Tel/Fax: (714) 236-6027/236-6029
Website: www.ftamidage.org; E-mail address: midage@fta.org