

Living Stream Ministry

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

May 05, 2025

TO THE ELDERS OF THE CHURCHES

RE: Announcement of the Fall 2025 Middle-age Full-time Training in Anaheim

Thank the Lord that the forty-fourth term of the multi-language Middle-age Full-time Training (FTTA-MA) is nearly completed. Saints from various countries: United States, Australia, Brazil, Canada, China, Colombia, New Zealand, Puerto Rico, Singapore, South Korea, Taiwan, Uganda and UK 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 term of the Middle-age Training will begin on September 8, 2025 and will conclude on December 20, 2025. 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 August 19, 2025.

Sincerely,
Middle-age Full-time Training in Anaheim

Middle-age Full-time Training in Anaheim Information

Date: Monday, September 8, 2025 to Saturday, December 20, 2025

Application Deadline: 1. All applications including the health questionnaire (if registered more than 4 weeks) must be received by the training office no later than August 19, 2025.
2. Those accepted to the Training will be notified by e-mail.
3. Further details concerning the Training will be furnished upon acceptance notification. **Please do not make any travel arrangement until you have received an acceptance notification from the Training Office.**

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

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. For saints who are younger than 35 or older than 65, please fellowship with the local elders for their approval and recommendation.

Saints may attend the training on a short-term basis, except for the last three weeks of the training. The minimum period required for short-term is one week. Short-term applicant should use the same application form to apply. Short-term applicant should plan to arrive at the training on Lord's Day or Monday.

Clothing Requirement: All clothing requirements are **MANDATORY** for all trainees for the entire duration of the training, including weekly recess time, i.e. from Lord's Day afternoon 4:00 PM to Monday 7:00 PM. Both brothers and sisters are expected to dress according to the requirements specified below upon arrival at the Training for registration and interview on September 8, 2025. Please note that **NO** uniform will be available for purchase at the training center.

A. Brothers

1. Training Attire

- a. Shirts: Solid white dress shirts with long sleeve and a collar. Shirts should be tucked in at all times.
- b. Ties: Ties will be supplied and available for purchase upon arrival at the Training.
- c. Dark solid navy blue or black suit coat or blazer.
- d. Dark solid navy blue or black pants. No jeans and shorts are allowed at all time.
- e. Undershirts: White only.
- f. Dress shoes/socks/belt: Black or dark blue and of a conservative style.
- g. Facial hair: A brother should keep his face clean and shaven. Nose hair should be trimmed. Beards, mustaches, long sideburns, and shaved heads are not permitted. Hair dyeing, highlighting, or streaking is not permitted.
- h. Cologne with strong fragrance is not permitted.

2. Gospel Attire

- a. Pants—beige, brown, blue, or black and without any patterns.
- b. Shirt—full button-down with a collar. Must be tucked in.

3. Lord's Day Attire

- a. Training attire is not required.
- b. Dress slacks.
- c. Dress shirt—white or solid conservative light color, full button-down, with long sleeves and a moderate collar. Must be tucked in.
- d. Dress shoes.
- e. Tie—conservative color and pattern.

B. Sisters

1. Training Attire

- a. Shirts: Solid white blouse with a collar, no form fitting. Blouse should be tucked in at all times.
- b. Dark solid navy blue or black skirt, suit coat or blazer.
- c. Dress shoes: Heels no higher than 1.5 inches, closed toe, heels and sides, solid black or solid dark blue shoes. No boots are allowed.
- d. Skirt: No pencil (narrow) skirts. The length of the skirt should extend 6 inches below the knees, or mid-calf, when standing. Skirts may only have one back slit beginning below the knees.
- e. Nylons: Black or natural color.
- f. Sleeveless blouse, jumper and one-piece dress are not allowed.
- g. Slacks (pants) and jeans are not permitted at all time.
- h. Scarf: Solid black, dark blue or white, with no design or monogram.
- i. No ornamentation (except wedding rings).
- j. No nail polish for either fingernails or toenails.
- k. No hair dyeing, highlighting, or streaking.
- l. Perfumes or lotions with strong fragrance are not permitted.

2. **Gospel Attire**

- a. Skirt: No pencil (narrow) skirts. The length of the skirt should extend 6 inches below the knees, or mid-calf, when standing. Skirts may only have one back slit beginning below the knees.
- b. Blouse or shirt—full button-down with a collar. No polo shirts or t-shirts are permitted.
- c. Shoes—dark or neutral color and must be kept clean. They must have closed toes, sides, and heels. Canvas or similar shoes are permitted.

3. **Lord's Day Attire**

- a. Training attire is not required.
- b. Dress or skirt—required. No pencil (narrow) skirts. The length of the skirt should extend 6 inches below the knees, or mid-calf, when standing. Skirts may only have one back slit beginning below the knees.
- c. Blouse—modest and not form-fitting.
- d. Shoes—dark or neutral color with closed toes, sides, and heels.

C. General

1. Please bring other necessary clothing according to your needs, such as warm winter clothing for cold weather, exercise clothes and shoes, work clothes and shoes, etc. Sisters may wear black tights underneath for warmth. No leggings are permitted. All clothing needs to be proper, according to the standard of a saint.
2. To wear a different jacket in place of the training specified, i.e. dark solid navy blue suit coat is not permitted. Sweaters should be worn underneath the suit coat. Overcoats and sweaters should be in dark solid navy blue, gray or black with no design or monogram. Overcoat should not be worn inside the classroom.
3. The training will provide all linens, such as pillow, bed sheets, blankets, etc. Please bring your personal items, such as towels, shampoo, etc.

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.

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

1. Health Questionnaire must be completed and submitted along with the application (download the form at www.fttamidage.org) if you register more than four weeks.
2. Major medical or valid travel insurance, e.g., copy of insurance card or insurance certificate, which provides coverage while trainees are in Anaheim, must be in place before they arrive for the first day of the training.
3. All incoming trainees must submit evidence of tuberculosis (TB) screening after you receive the official acceptance letter from the Training Office.

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 midage@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 immunization against tetanus, hepatitis A and B, influenza. For those who are over 50 years old, the Zoster (shingles) vaccine is also recommended. The pneumococcal vaccine is recommended for applicants over 65 in good health condition.

It is also recommended that applicants over fifty years of age to consult a physician to undergo examination and other evaluation as deemed necessary to assure readiness to undertake an intensive year-long training program.

Cost: Trainee with lodging: **Tuition fee and meals:** US \$4050 per term of 15 weeks, or \$270/week
Lodging: \$1200 per term of 15 weeks, or \$80/week

Commuter: **Tuition fee and meals:** US \$2850 per term of 15 weeks or \$190/week (no lodging)

Personal expenses: Not included in the above

Payment: Payments can be made in the form of check, cash, or credit card.
For payments details, please contact FTTA-MA Accounting contact person,
Irene Chen: Telephone number: 714-224-6393; Email address: irenec@ftta.org

Payment schedule:

Option 1: Full payment on 9/8/2025

Option 2: Every 4 weeks on 9/8/2025, 10/7/2025, 11/4/2025 and 12/2/2025.

Schedule: Weekday: Tuesday to Friday – 9:00 AM to 2:45 PM
Tuesday –7:30 PM to 8:30 PM (Attend Church Prayer Meeting)
Wednesday –7:30 PM to 9:30 PM (Attend Wednesday Night
Ministry Meeting)
Weekend: Saturday – 9:00 AM to 11:30 AM (Study Session)
Friday & Saturday evenings – Attend church small group
meetings or study.
Lord’s Day – Attend Lord’s Table and prophesying meeting.
Gospel visitation and follow-up.

Semiannual Training: It is strongly recommended that all trainees attend the July and December Semiannual Training. Registration for the semiannual training should be done through the trainee’s sending locality.

Contact: **Middle-age Full-time Training Office:** 714-236-6027; Office Fax: 714-236-6029
Mailing Address: 2431 W La Palma Ave, Anaheim, CA 92801, U.S.A.
Email Address: midage@ftta.org
Website: www.fttamidage.org

Translation: A smartphone and headset are required for all non-English speaking trainees.

MIDDLE-AGE FULL-TIME TRAINING IN ANAHEIM APPLICATION FORM

Fall 2025 (9/8/25 to 12/20/25)

Application Deadline: August 19, 2025

PLEASE PRINT NEATLY & THOROUGHLY IN DETAIL

Name: _____ Bro _____ Sis _____ Birth Date: _____ / _____ / _____
Last First M.I. month date year
 Age _____

Address: _____ Home Phone: () _____
 _____ Cell Phone: () _____
 _____ E-mail: _____

Sending Locality: _____ Others (Please check one):
City State Country ☐ LINE ☐ WeChat ☐ WhatsApp ☐ KakaoTalk
 ID #: _____

Nationality: _____ Language(s) Spoken: _____

Education: _____
School Major Degree

Present or recent occupation: _____

Will you bring a car: Yes _____ No _____ ; if yes, how many passengers will it accommodate? _____

Housing desired: Yes _____ No _____

Attending Date: Full Time _____ or Short Term _____ ; if short term, you will attend from _____ / _____ to _____ / _____

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
1.	_____	_____	_____	Yes _____ No _____
2.	_____	_____	_____	Yes _____ No _____

Mandatory Medical Requirements for Trainees Registered for One Month or Longer:

1. Health Questionnaire **must** be completed and submitted along with this application if you register more than four weeks.
2. Evidence of tuberculosis (TB) screening must be submitted prior to arrival.
3. 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. Please provide a copy of your insurance card or your travel insurance certificate.

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

Other pertinent information: _____

Where did you hear about FTTA-MA? ☐ Past Trainees ☐ Information Meeting ☐ Elders' Recommendation

☐ Other: _____

Applicant's Signature: _____ Date: _____

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):

a. When and how you were saved?

b. How is your church life and meeting life?

c. Marriage and/or family:

d. Work:

e. Health:

2. Why am I attending this training?

3. My expectation from this training:

Additional Personal Information

Name: _____

Date: _____

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 the Life-study messages you have read through: _____

Other: _____

Please provide the name, email address and mobile number of two elders/leading brothers who will be recommending you:

1) Elder/Leading Brother's Name: _____

Email: _____ Mobile Number: _____

2) Elder/Leading Brother's Name: _____

Email: _____ Mobile Number: _____

The acceptance of your application depends on receiving the recommendation of at least two elders from your sending locality. It is important that you submit the completed application directly to the Middle-age Training Office by emailing or mailing it. Upon receiving your application, the training office will contact your elders for their recommendations. Once we receive your completed application and the elders' recommendation, we will review the submitted information and will inform the status of your application by email.

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. (_____) _____
 _____ Fax/E-mail _____
 Locality _____ Nationality _____
 Age _____ Sex _____ Race _____ Date of Birth _____

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 illness	Yes _____ No _____
mental illness	Yes _____ No _____

* If so, give date, reason and result _____
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 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?

- | | |
|--|--------------------|
| 22. Recent weight change of five or more pounds | Yes _____ No _____ |
| 23. Toothache | Yes _____ No _____ |
| 24. Gums which are red, swollen or bleed easily | Yes _____ No _____ |
| 25. Teeth which need to be filled, extracted or replaced | Yes _____ No _____ |
| 26. Headaches | Yes _____ No _____ |
| 27. Double vision | Yes _____ No _____ |
| 28. Dizziness of fainting spells | Yes _____ No _____ |
| 29. Glaucoma | Yes _____ No _____ |
| 30. Runny nose or sore throat | Yes _____ No _____ |
| 31. Chronic sinusitis | Yes _____ No _____ |
| 32. Nose bleeds | Yes _____ No _____ |
| 33. Ear Disease | Yes _____ No _____ |
| 34. Impaired hearing | Yes _____ No _____ |
| 35. Thyroid disease | Yes _____ No _____ |
| 36. Enlarged glands | Yes _____ No _____ |
| 37. Cough for more than three weeks, or bloody sputum | Yes _____ No _____ |
| 38. Wheezing | Yes _____ No _____ |
| 39. Any other kind of lung trouble | Yes _____ No _____ |
| 40. Chest pain | Yes _____ No _____ |
| 41. Heart murmur | Yes _____ No _____ |
| 42. Swollen hands | Yes _____ No _____ |
| 43. Feeling of awakening in the night smothering | Yes _____ No _____ |
| 44. Shortness of breath (not during exercise) | Yes _____ No _____ |
| 45. Abdominal pain | Yes _____ No _____ |

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

QUESTIONS 86-96 FOR WOMEN ONLY

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

SOCIAL AND OCCUPATIONAL HISTORY

97. Have you ever been exposed to hazardous working environment? Yes _____ No _____
98. Marital status single _____
 married _____
 widowed _____
 separated _____
 divorced _____
99. How many dependents live with you (except spouse) _____
100. What was the highest level of education you attained? _____
 Degree _____ Field _____
101. What were your occupation(s) before going full-time? _____
102. Have you had any training in medicine, nursing or related fields? Yes _____ No _____
 * If so, please give details _____

FAMILY HISTORY

- | 103. Relationship | If alive,
age | If deceased,
age at death | Present state of health
or cause of death |
|-------------------|------------------|------------------------------|--|
| Father | _____ | _____ | _____ |
| Mother | _____ | _____ | _____ |
| Brother | _____ | _____ | _____ |
| Sister | _____ | _____ | _____ |
104. Besides those noted above, do any other diseases run in your family? Yes _____ No _____
 * If so, give details _____

ADDITIONAL INFORMATION

105. What is your height? _____
106. What is your weight? _____
107. What is your heart rate? _____
108. What is your blood pressure? _____
109. What is your fasting blood glucose level? _____
 (Both the blood pressure and blood glucose measurements may be obtained either through a health professional, or personally through an owned or borrowed home monitoring device.)
110. 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 _____