



**SUMMARY of ONGOING TRAINING**

Name \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone No. Primary ( \_\_\_\_\_ ) \_\_\_\_\_ Secondary ( \_\_\_\_\_ ) \_\_\_\_\_

Parish \_\_\_\_\_ and / or School: \_\_\_\_\_

**SOURCES** *(examples):*

- Advent/Lent
- Faith Formation Conference
- Foundational Initial Training (FIT) – Part II
- Sponsor for RCIA candidate
- Liturgy Gathering
- Los Angeles Religious Education Congress
- Parish Advent/Lenten
- Catholic School In-Service
- On-going Structured Scripture Study
- Online Courses
- University Courses
- Special Courses *(with approval)*

**SUMMARY of COURSE WORK**

*\*40 Hours Required for Renewal\**

- Church \_\_\_\_\_
- Doctrine \_\_\_\_\_
- Ecumenism \_\_\_\_\_
- Intergenerational Catechesis \_\_\_\_\_
- RCIA \_\_\_\_\_
- Morality \_\_\_\_\_
- Sacraments \_\_\_\_\_
- Scripture \_\_\_\_\_
- Social Justice \_\_\_\_\_
- Spirituality: Prayer Days / Retreats \_\_\_\_\_
- Other Approved Courses \_\_\_\_\_

**\* Total of Hours** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

FOR OFFICE, ONLY	
<b>Certification Approval</b>	
<input type="checkbox"/> Catechist Certification	<input type="checkbox"/> Master
_____ Director of Catechetical Ministry	_____ Date

**Please Mail Form to:**  
 Department of Catechetical Ministries  
 485 Church Street  
 Monterey CA 93940  
 831 373-1335 Fax 831 373-3534

