

Diocese of Green Bay: Department of Education
Catechetical Certification:
Ongoing Formation/Personal Enrichment



Completion Record

Name: _____

Last, First

Name: _____ Phone _____ E-mail: _____

Address _____ City _____ Zip _____

Parish/School/System: _____ Location _____

Please circle one

I am currently a: ☐ RE Administrator ☐ Catechist
 ☐ School Administrator ☐ School teacher
 ☐ Other _____

This record pertains to: **Ongoing Formation** (if *Foundational Certification* is not completed, this course will be acknowledged as *Personal Enrichment*. Completion of Alpha does fulfill the annual, contractual religion certification requirement.

Name of Course: Alpha (must complete all sessions plus Day Away)

Attendance: (fill according to your specific number of classes)

Session	Date	Time	Location	Facilitator	Facilitator, please initial here:
Session 1					
Session 2					
Session 3					
Session 4					
Session 5					
Session 6					
Session 7					
Session 8					
Session 9					
Session 10					
Day Away					

I have attended all the sessions as listed above. I understand that completion of the Alpha series does not take the place of Discipleship Formation offered by the Diocese.

Signature of Applicant

Date

Please send this record to--

Catechetical Certification
 Department of Education
 P. O. Box 23825
 Green Bay, WI 54305-3825

For Office Use Only: Dept. of Education Approval

Approved by: _____
Signature

Date: _____