

*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

<i>For Office Use Only:</i> Dept. of Education Approval	
Approved by: _____	<i>Signature</i>
Date: _____	