

Diocese of Green Bay
Foundational Catechetical Certification
Department of Education



Ongoing Formation Completion Record

Name: _____
 Last, First

Name _____ Telephone (____) _____

Address _____ City _____ Zip _____

Parish/School/System _____ Location _____
Please circle

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

This record pertains to: **Ongoing Formation** (*coursework for Ongoing Formation must have pre-approval from the Dept. of Education*).

Name of Course: _____

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

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

I have attended all the sessions as listed above and have completed all the reading and written assignments.

 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: _____