



Diocese of St. Augustine
Catechist Certification Program
 Personal Record of Professional Development
Level III and/or Continuing Formation

Name _____ Month/Year **Start** ____/____/20____

E-Mail _____ **Complete** ____/20____

Location(s) of Your Ministry:

Parish Name _____
School Name _____
Both (Circle if applicable)

Please use this form to record the formation opportunities that you have attended.

Date	Title	Presenter	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date _____ Local Representative (DRE or Principal) _____

Date _____ Diocesan Representative _____

Catechist's Next 30 hours due ____/____/20____.

LEVEL III - Continuing Formation: Unless you are pursuing a Ministry Formation Certificate or a formal degree in theology or theological studies, 30 hours of continuing formation in the Catholic Faith is due every third year starting from the date of the achievement of **your required level.**

Send completed form & documentation to:
 Office of Christian Formation, Diocese of St. Augustine, 11625 Old St. Augustine Road, Jacksonville, FL 32258