

INDIVIDUAL CATECHIST CERTIFICATION REQUEST FORM
Archdiocese of Louisville
Office of Lifelong Formation and Education

(This form is for individuals requesting credit for courses/workshops/experiences not offered through catechist certification.)

Email address: _____ Date of request _____

Name _____ Phone (H) _____ (O) _____

Address _____
(city) (state) (zip)

Parish _____

Area of Ministry Religious Ed Program _____ Grade you teach _____
Youth Ministry _____ Young Adult/Adult _____ RCIA _____
Parochial school _____ Grade you teach _____
Teacher of Religion: Yes _____ No _____
Other _____

Title of experience *(Please attach a course outline or give a description.)*

Sponsor _____ Name of facilitator _____

Location of experience _____

Date(s) _____ Time(s) _____ Total hours _____

Please list any personal reflections regarding the experience. _____

What was the value of this experience to your catechetical ministry? _____

OFFICE USE ONLY:

Area of Credit: _____ Number of clock hours approved _____

Consultant for Catechetical Ministry Date

Return to: Office of Lifelong Formation and Education
Flaget Center
1935 Lewiston Drive
Louisville, KY 40216
Attn: Catechist Certification