

**PARISH/SCHOOL/AGENCY SPONSORED PROGRAMS
CERTIFICATION REQUEST FORM**
*(To be filled out by the parish/school/agency who will be offering the program
and requesting credit for the participants)*

**Archdiocese of Louisville
Office of Lifelong Formation and Education**

(This form must be completed and returned before the program is offered)

Date of Request _____

Name of Parish/School/Agency Requesting Credit _____

Address _____

Coordinator of Program _____ (city) _____ (state) _____ (zip) _____
Phone (H) _____ (O) _____

Email _____

Instructor: Name & Title _____

Brief Description of Instructor's Credentials _____

Title and Description of Program *(Please attach a course outline)*

Resources Used

Expected Outcomes

Location of Program _____

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

Number of sessions _____ Total Lecture time _____ Total Discussion time _____

Signed _____
(Representative of sponsoring parish/school/agency)

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: Denise Puckett**