

VIDEO OPTION COURSE
CATECHIST CERTIFICATION REQUEST FORM
Archdiocese of Louisville
Office of Lifelong Formation and Education

(This form is for person desiring to obtain catechist certification credit via the video option. This option may be completed by an individual or in a group setting. Upon approval of this request, additional information will be forwarded to the facilitator regarding procedures for completing the course.)

Date of Request _____ Name _____

Parish/school _____ Grade _____

Contact: _____
Phone (home, office, or cell) _____ Email address _____

Video option course _____

Total hours requested _____

Estimated dates for beginning and completing the course _____

For Small Groups:

Facilitator(s) of course _____

Participants: _____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

Signature(Individual/Facilitator of small group)

Signature (Principal/PCL)

[] I will pick up the resources at the Media Center on (please provide date)_____.

[] Please deliver the resources via the courier service on (please provide date)_____.

Office Use ONLY

Area of Credit _____

Number of clock hours approved _____

Consultant for Catechetical Ministry

Date _____

Return to: Flaget Center * 1935 Lewiston Dr. * Louisville, KY 40216-2569
(502)448-8581 * Fax: (502)448-5518