



# APPLICATION FOR BASIC FORMATION CERTIFICATE DIOCESE OF DAVENPORT

**Record of Courses Completed for:**

Name \_\_\_\_\_ Month/Day of Birth: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parish \_\_\_\_\_ City \_\_\_\_\_

School (if applicable) \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address (please print) \_\_\_\_\_

Name as it should appear on Certificate: \_\_\_\_\_

**A. COURSE OF STUDIES:** Please complete the section that reflects your course of studies.

**I.**

**STEP - Core Course: Introduction to the Catholic Faith**

**OR**

**STEP - Catholic Faith and Tradition for School Teachers  
(Attach Certificate of Completion)**

Completed (mm/yy) \_\_\_\_\_

**And**

**What is Ministry?**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**OR**

**II.**

**In-Person Courses**

**Profession of Faith**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**And**

**Celebration of the Christian Mystery**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**And**

**Life in Christ**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**And**

**Christian Prayer**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**And**

**What is Ministry?**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**OR**

**III.**

**Faith Foundations  
(Attach Certificate of Completion)**

Date Completed: \_\_\_\_\_

**And**

**What is Ministry?**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**OR**

**IV.**

**Echoes of Faith – Emmaus Edition  
(Attach Certificates of Completion)**

- I Believe, We Believe
- Liturgy and Sacraments
- Christian Morality
- Prayer and Spirituality

Date Completed: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**And**

**What is Ministry?**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**OR**

**V.**

**Echoes of Faith Plus**

**I Believe, We Believe**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**And**

**Liturgy and Sacraments**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**And**

**Christian Morality**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**And**

**Prayer and Spirituality**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**And**

**What is Ministry?**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**OR**

**VI.**

**Pillars**

**Pillar I**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**And**

**Pillar II**

Date Completed: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**And**

**Life in Christ**

Date Completed: \_\_\_\_\_

Method: \_\_\_\_\_

**(Attach Certificate of Completion – Faith Foundations  
or Echoes of Faith Emmaus Edition)**

Location of Course: \_\_\_\_\_

(In-Person or Echoes of Faith Plus)

**And**

**Christian Prayer**

Date Completed: \_\_\_\_\_

Method: \_\_\_\_\_

**(Attach Certificate of Completion – Faith Foundations  
or Echoes of Faith Emmaus Edition)**

Location of Course: \_\_\_\_\_

(In-Person or Echoes of Faith Plus)

**And**

**What is Ministry?**

Date Completed: \_\_\_\_\_

Instructor: \_\_\_\_\_

Location of Course: \_\_\_\_\_

**OR**

**VII.**

**Alternate Course of Studies**

An Alternate Course of Studies must be pre-approved by the Office of Faith Formation. Documentation of completion and pre-approval must accompany this application.

**B. Spiritual Formation:** The Spiritual Development Component is completed by submitting a one-page reflection on your participation in an activity from one of the following categories:

- Day-Long or Overnight Retreat
- Parish Mission (All Nights)
- Full-Day or Ongoing Justice/Service Project
- Ongoing Spiritual Direction
- Ongoing Faith Sharing Group

Spiritual Formation experiences do not include individual prayer practices/devotions, Mass attendance or Parish Bible Study Groups. All retreats/spiritual direction/faith-sharing groups must be Catholic in nature. Please list activity, date/time, topic and presenter/facilitator and **attach the one-page reflection**. Your reflection is to address how your relationship with Christ has been changed by your participation in the activity.

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**C. Ministry Interest Discernment Conversation:** Please complete the section that reflects your position.

### **I. For Catholic School Teachers ONLY**

**Please attach a one-page reflection describing why you are serving in a Catholic School**

**OR**

### **II. For all other Applicants**

Date of Conversation: \_\_\_\_\_

Conversation occurred with:  
(Name/Position) \_\_\_\_\_

**Please attach a one-page reflection on insights gained from this conversation.**

### **ACKNOWLEDGEMENT**

**APPLICANT:** *Please read, date and sign.*

**I have completed the coursework above and have met all requirements. I hereby request a Basic Formation Certificate from the Diocese of Davenport.**

**Date:** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

### **CERTIFICATE ISSUED:**

**Date:** \_\_\_\_\_ **Approved By** \_\_\_\_\_  
Lay Ministry Formation Coordinator

**Completion of this form is the responsibility of the individual.** Upon completion send to: **Diocese of Davenport, Office of Faith Formation**, 780 W Central Park Ave, Davenport, IA 52804. After this form and the attachments are received and reviewed at the Chancery, a Basic Formation Certificate will be issued and sent to the individual and with notification provided to the Parish/School.