



ARCHDIOCESE OF
NEW ORLEANS
Office of the Permanent Diaconate

Continuing Formation Report

(NAME)

(CONTACT HOURS)

(TITLE OF WORKSHOP, SEMINAR, COURSE)

Description:

(SPONSORING AGENCY)

(LOCATION OF WORKSHOP, SEMINAR, COURSE)

I understand that I am required by commitment of ordination to participate in twenty hours of continuing formation annually in addition to the annual spiritual retreat. Some of the twenty hours of formation may require participation in formation specifically sponsored by the Office of Diaconate or required by the Archbishop.

(SIGNATURE)

(DATE)

Note: Include the brochure or flyer of the event with this form. If submitting individual sessions list them in a numbered list on a separate page with the contact hours for each one. The sum of these individual sessions should equal the contact hours at the top of this report.