Diocese of Amarillo
Office of the Permanent Diaconate

Annual Deacon Continuing Education Report Form

January 1 – December 31, 20____

NAME: _____ Date_____

Title of Course/Book	Institution/Instructor/ Publisher	Dates of Attendance/ Number of Pages	Classroom/Contact Hours
**********	**********	**********	**TOTAL HOURS:**

NOTE: If you attended the following:

Please submit this form to:

Diaconate Office
Diocese of Amarillo
PO Box 5644
Amarillo, TX 79117