DRE RENEWAL OF CERTIFICATION FORM

_____
DRE/CATECHIST ID #

_____ _____
NAME OF DRE SEEKING RECERTIFICATION YEAR OF ORIGINAL CERTIFICATION

_____ _____ _____
ADDRESS CITY ZIP

_____ _____(_____)_____
E-MAIL PHONE NUMBER

_____ _____
PARISH CITY

Levels of current certification (check √ all that apply):

□ Early Childhood □ Elementary □ Jr. High □ Confirmation
□Youth Ministry □ Adult □ Catholic Schools □ DRE/Coordinator

Since your certification, have you been involved in catechetical ministry through your participation in the Religious Education Program in your own parish or in another parish in the Diocese?

□ Yes □ No

Dates	Hours	Course/Workshop Title	Instructor/Presenter	Place or Event

Attach additional page if necessary

Please return completed form (and attachments) to:

DRE Renewal of Certification
Office of Evangelization &Faith Formation
212 N. San Joaquin Street
Stockton, CA 95202

Revised July/2020