



Diocese of Superior
Forming Effective Disciples



Continuing Formation Application

Use this form only if you have completed your required level of certification.
Supply all information requested below and on reverse side. Use black or blue ink only.

NAME <i>(Last, First, Middle)</i>	
HOME ADDRESS <i>(street, city, state, zip)</i>	
EMAIL <i>(List best address for use during summer)</i>	
PHONE	<i>Home</i> _____ <i>Cell/Other</i> _____
PARISH OR SCHOOL WHERE YOU SERVE <i>(Name & City)</i>	
HOME PARISH <i>(Name & City if different from above)</i>	
YOUR ROLE <i>(Check)</i>	<input type="checkbox"/> Catechetical Leader <i>(Principal, DRE, CRE, Youth Minister)</i> <input type="checkbox"/> Religious Education Catechist <input type="checkbox"/> Teacher in Catholic School <input type="checkbox"/> Yes, I teach religion classes. <input type="checkbox"/> No, I do not teach religion classes. <input type="checkbox"/> I am participating in the certification process for my own faith enrichment. <input type="checkbox"/> Other (please indicate) _____
OTHER NAME USED IN CERTIFICATION	<input type="checkbox"/> None <input type="checkbox"/> Other name _____

BOTH SIGNATURES ARE REQUIRED

I certify that the information provided in this application is accurate and complete. I understand that I may be asked to supply further information if needed.

Applicant signature _____ Date _____

I have reviewed this application and have found it accurate and complete. I understand that I may be asked to supply further information if needed.

Catechetical Leader signature _____ Date _____

