



CATECHIST CERTIFICATION HOUR FORM

Participant _____

Address _____

Phone _____ Email _____

School/Parish _____

Title of Formation Session: _____

Name of Presenter or Program: _____

Date: _____ Location: _____

I, _____ affirm that I earned _____ clock hours by my attendance and participation in this formation session. The clock hours will be credited toward:

Scripture _____ hrs

Theology _____ hrs

Liturgy/Sacrament _____ hrs

Morality/Social Justice _____ hrs

Spirituality/Prayer _____ hrs

Catechetical Formation/Methodology _____ hrs

Participant's Signature _____ Date _____

Director of School or Principal Signature _____ **Date** _____