## Office of Faith Formation and Lay Ecclesial Ministry Directory for Catechesis

## **APPLICATION FOR DIOCESAN CERTIFICATION**

1.	Title (circle) Brother D	eacon Dr.	Miss Mr.	Mrs. Ms.	Reverend	Sister		
	Name		Phone Home/Cell		Phone Work			
	AddressEmail							
	City		State		Zip			
	Parish of membership		_City					
	Parish/School of Ministerial Se	rvice	Pai	rish/School	City			
	Indicate any other name used for your records:							
2.	Indicate your Ministry Role(s):	note with an * ly one certifica	your primary te will be issued.					
	Adult Faith Formation Minister  Campus Minister  Catholic Elementary School Religion Teacher  Catholic High School Religion Teacher  Catholic School Assistant Principal  Catholic School Principal  Christian Initiation Minister  Diocesan Office of Catholic Schools Staff  Diocesan Office of Faith Formation and Lay Ecclesial Ministry Staff  Parish Adolescent Catechist  Parish Coordinator of Youth Ministry  Parish Director of Faith Formation  Parish Director of Youth Ministry  Parish Elementary Catechist  Parish Elementary Principal  Pastoral Associate  Pastoral Minister							
3.	This application is for (check one):							
	One-Year certifica		Renewal of One-Year (maximum of 4 renewals)					
	Four-Year certifica  New Employee - H	ewal of Four-Y	Year Certificate					
	New Employee - Hire Date  Complete the <u>List of Courses</u> attended since your last certificate on the other side of this application form.  Also include the signatures of applicant and administrator.							
	Return to: Office of Faith Formation and Lay Ecclesial Ministry 225 Elm Street Youngstown, OF (330) 744-8451	Make of 44503	checks payable t	o: Office of Faith	n Formation and L	NY THIS FORM ay Ecclesial Ministr		
	Type of certificate granted:							
Approved byValid								
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and Vulnerable Adults must be fulfilled and submitted on the Compliance checklist to the Safe Environment Coordinator by the parish or school compliance officer. No applications will be processed until compliance is verified.											
5.	Certificate or Renewal of Certificate requiring CLOCK HOURS										
	COURSE TITLE	OURSE TITLE DATE LOCA		Instructor	CLOCK HOURS						
				TOTAL							
6. uni											
	COURSE TITLE	DATE	COLLEGE OR UNIVERSITY	Instructor	COLLEGE HOURS Semester/Quarter						
	TOTAL										
7.											
	DEGREE	DATE	College or University	Major	COLLEGE HOURS Semester/Quarter						
				TOTAL							
8.	Signature of applicant:  "The information on this application is accurate and lists the formational experiences in which I have participated. I attest that I am a practicing Catholic and over twenty-one years of age. I will strive to serve as a minister in accord with the policies of the Diocese of Youngstown."										
			Date								
9. Signature of your immediate supervisor (Pastor, PDRE, Pastoral Minister, School Princi "I affirm that the applicant serves in ministry at this parish or school. The applicant is a practic Catholic, is suited for this ministerial role, and is over twenty-one years of age. The information on this form is an accurate reflection of the formational experiences in which the applicant participated.											
		Signature of Administrator									
		Title	Par	ish/School	City						

All components of the Diocese of Youngstown Safe Environment Policy for the Protection of Children

**PLEASE NOTE:**