



Office of Faith Formation and Lay Ecclesial Ministry
Directory for Catechesis

PROGRAM PROSPECTUS APPROVAL FORM

PROCESSING AND APPROVAL FOR DIOCESAN CERTIFICATION HOURS

Use this form for programs sponsored by local administrators, including theology and religious education courses, workshops, and other adult faith formation opportunities. Complete the prospectus and return to the Office of Faith Formation and Lay Ecclesial Ministry four weeks before the program date or the first session scheduled.

Qualifications of Presenters/facilitators:

- Presenters from outside the Diocese of Youngstown must submit to the Chancellor a letter of suitability from their Diocesan Bishop.
- Presenters must be qualified in the topic about which they will be speaking. Normally, presenters will hold an M.A. in Theology or related field.
- Presenters must be a Catholic in good standing and a registered member of a parish, unless speaking from an ecumenical or interfaith perspective, in which case the contact person will verify their standing in their faith tradition.

PART I: CORE COURSE PLEASE CHECK YES NO

(IF NO, PROCEED TO PART II ON REVERSE)

Today's Date	Deanery
Contact	Facilitator
Position	Parish
Address	City/State/Zip
Phone	Email

Core Courses may be provided only by an approved facilitator.

Required textbooks are made available on consignment.

Please indicate number of books requested: _____

- _____ Adolescent Catechesis: Forming Youth as Disciples (10 hours)
- _____ Catholic Belief and Tradition (20 hours)
- _____ Catholic Social Teaching (10 hours)
- _____ Elementary Catechesis: Forming Children As Disciples (10 hours)
- _____ Introduction to Scripture (20 hours)
- _____ Issues and Topics in Christian Initiation (20 hours)
- _____ Morality (10 hours)
- _____ Ready Your Hearts: Forming Adults as Disciples (10 hours)
- _____ Sowing God's Word: The Heart of Catholic Evangelization (10 hours)

Course Date(s)

Time(s)

Open to others interested: Yes No

PART II: GENERAL COURSE

Today's Date	Contact
Facilitator	Credentials/Certification
Parish	City/State/Zip
Program Site	
Phone	Email
Course Title:	
Date(s)	Time(s)
No. Sessions	*Number of Contact Hours may differ from the number of hours assigned.
Target Audience	Open to all interested? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description

Course Goals

Learning Outcomes

**Catechetical /
Instructional
Methods**

Resources and Texts

TITLE/S	PUBLISHER/S
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THIS FORM MAY BE COPIED AS NEEDED.

OFFICE OF FAITH FORMATION AND LAY ECCLESIAL MINISTRY USE ONLY.			
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Hours: _____	Core: _____ General _____
Signature _____		Date _____	
Notes: _____			