

**APPLICATION FOR INITIAL CERTIFICATION AS A
DIRECTOR OR COORDINATOR OF RELIGIOUS EDUCATION
IN THE ARCHDIOCESE OF CINCINNATI**

1. NAME _____
(Last) (First) (Middle Initial)

2. HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

3. DAYTIME PHONE NUMBER _____

4. I HAVE SERVED FOR _____ YEARS IN CATECHETICAL MINISTRY AT _____
(Parish Name)
IN THE FOLLOWING CAPACITY _____

5. I AM CURRENTLY SERVING AT _____
(Parish Name)

6. DATE OF APPLICATION _____

7. I AM APPLYING FOR CERTIFICATION AS A *(Check one)*

___ DIRECTOR OF RELIGIOUS EDUCATION (DRE)

___ COORDINATOR OF RELIGIOUS EDUCATION (CRE)

8. _____ I HAVE COMPLETED WORK IN EACH OF THE COMPETENCY AREAS OF THE CORE STANDARDS AND HAVE ATTACHED THE SELF-ASSESSMENT FORM.

9. I HAVE INCLUDED A TRANSCRIPT FOR MY

___ MASTER'S DEGREE FROM _____ COLLEGE/UNIVERSITY
(Required for DRE Certification)

___ BACHELOR'S DEGREE FROM _____ COLLEGE/UNIVERSITY
(Required for CRE Certification)

(Check One) ___ THE THEOLOGY CREDITS I HAVE EARNED ARE INCLUDED IN MY DEGREE

___ THE THEOLOGY CREDITS I HAVE EARNED ARE IN ADDITION TO MY DEGREE
(If your theology credits are in addition to those earned in your degree a transcript for these credits must also be provided.)

10. I PARTICIPATE WEEKLY IN SUNDAY LITURGY AND AM A CATHOLIC IN FULL COMMUNION WITH THE CATHOLIC CHURCH. (*PARTICIPATING IN SUNDAY LITURGY AND BEING A CATHOLIC IN FULL COMMUNION WITH THE CATHOLIC CHURCH ARE PREREQUISITES.*) _____

SIGNATURE OF APPLICANT _____

11. PLEASE INCLUDE A CHECK FOR \$5.00 MADE PAYABLE TO THE OFFICE OF EVANGELIZATION AND CATECHESIS AND MAIL TO YOUR REGIONAL OFFICE:

100 EAST EIGHT STREET
CINCINNATI, OH 45202

266 BAINBRIDGE ST
DAYTON, OH 45402

119 EAST WATER STREET
SIDNEY, OH 45365

For Office Use Only:

Interview Completed By: _____ Date: _____

Certification: ___ Granted ___ Denied Date: _____

Certification Mode Granted: _____ Certification Expires on: _____

Signature _____