

**APPLICATION FOR RENEWAL OF CERTIFICATION AS A
ASSOCIATE OF RELIGIOUS EDUCATION
IN THE ARCHDIOCESE OF CINCINNATI**

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

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE NUMBER _____

I AM CURRENTLY SERVING AT _____

PARISH ADDRESS _____

DATE OF APPLICATION _____

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

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

100 EAST EIGHTH STREET
CINCINNATI, OH 45202

266 BAINBRIDGE ST
DAYTON, OH 45402

119 EAST WATER STREET
SIDNEY, OH 45365

DO NOT WRITE IN THIS SPACE

Approved by: _____ Date: _____
(Regional Director)

Expiration Date: _____

Theological Education: 20 clock hours	Location, Instructor or Facilitator, Method (Live, Video, Internet)	Clock hours	DATE
Formation and Skills 20 clock hours (at least one learning experience in each area listed below)	Location, Instructor or Facilitator, Method (Live, Video, Internet)	Clock hours	DATE
personal and spiritual identity			
catechesis			
management and supervision skills			
One personal spiritual growth experience			