

**DIOCESE OF VENICE
DEPARTMENT OF EDUCATION
OFFICE OF CATECHETICAL MINISTRY**

***Format for Requesting Approval of Catechist Formation Programs
for Catechist Certification***

In seeking approval for a catechist formation or in-service program to count for Catechist Certification, the following information is needed by the Office of Catechetical Ministry. [cf. The National Catechetical Directory, sections 176, 181, 213 and 215,] for appropriate information in designing a program.

Before making a written request for approval of a program, it is strongly suggested that the Office of Catechetical Ministry be contacted to request services and consultation in designing the program.

This form provides the necessary information for the Office of Catechetical Ministry to give approval to a program. It is also kept on file for future reference.

PROGRAM INFORMATION

- 1. Title** _____
Topic _____

- 2. Date(s)** _____
- 3. Place** _____
- 4. Time(s)** _____
- 5. Participants (e.g., new parish catechist, experienced school catechist)**

- 6. Session Leader(s)**
- | <u>Name</u> | <u>Current Theological/Catechetical Experience</u> |
|-------------|--|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

7. Total Number of Class Hours Towards Catechist Certification: _____

To which of the following growth areas will the above total number of class hours relate? (Please note, while an individual program may be all in our growth area, a particular catechist should have a balanced training in all four areas.) Indicate the number of hours in only those areas which apply.

- A. Biblical _____ class hours
C. Ecclesial _____ class hours
B. Liturgical _____ class hours
D. Natural _____ class hours

8. Books, Audio-Visual Materials, other Resources to be used:

9. Please describe briefly the Process to be followed in this program, (i.e. film/discussion talk/questions OR personal reflection/small group discussion/presentation/work groups/home room assignments, etc.)

10. Contact Person: _____ **Phone:** _____

The information on this form accurately reflects the intended design of the program.

_____ Signature (Person Seeking Approval)	_____ Date
_____ Title/Position	_____ Parish/School

Return to: Dr. Kathy Kleinlein
Office of Catechetical Ministry
1000 Pinebrook Road
Venice, FL 34285

For Office Use Only

Date Received: _____ **Notification Sent:** _____

Number of Hours Approved: _____

Staff Person Granting Approval