

Diocese of Venice
Credentialing for Catholic School Teachers

Form II

I. APPLICANT

Name: _____

Address: _____

Phone: _____

School: _____

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Miss. | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Mrs. | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Ms. | <input type="checkbox"/> Reverend |
| <input type="checkbox"/> Mr. | <input type="checkbox"/> Other _____ |

II. POLICY STATEMENT

The Congregation for Catholic Education in Rome in its book The Religious Dimension of Education in a Catholic School (1988) states:

What makes the Catholic school distinctive is its religious dimension, and this is to be found in a) the educational climate, b) the personal development of each student, c) the relationship established between culture and the Gospel, d) the illumination of all knowledge with the light of faith.

III. LEVEL

1. Secondary:

- | | |
|--|---|
| A. Religion Teacher (18 academic religion credits) Use Form I | Renewal 30 hours - 3 academic credits or |
| B. Department Chair (18 academic religion credits) Use Form I | 30 hours in Diocesan Programs every 3 years |

2. Elementary:

- | | |
|---|--------------------------------|
| A. Religion Coordinators (100 Advanced) Use Form I | |
| B. Elementary Religion Teachers (40 hrs. Basic Certificate) Use Form I | Renewal 30 hours every 3 years |

- | | |
|--|--------------------------------|
| 3. All other teachers (24 hrs.) Use this form | Renewal 18 hours every 3 years |
|--|--------------------------------|

IV. LEVEL APPLYING FOR

Check one from Level in Part III

1 ' 2 ' 3 ' Initial ' Renewal ' If Renewal, write expiration date _____

V. TESTIMONY OF APPLICANT

The information on this form is an accurate description of the formational and educational experiences in which I have participated in accordance with the requirements of the Diocese of Venice.

Signature _____ Date _____
School _____ Title _____

VI. RECOMMENDATION OF APPLICANT BY PRINCIPAL

Signature _____ Date _____

(OVER)

VII. WORKSHOPS, INSTITUTES OR EVENTS PARTICIPATED IN

Area	Date Month/Year	Title of Course/Workshop	Leader's Name	Place	Christian Formation Hours	Academic College Credits
A Scripture						
B-1 Mass & Sacraments (½) B-2 Spiritual (½)						
C Ecclesial (Documents, Morality, Creed, Doctrine)						
D Natural						

If additional space is needed, please use a separate sheet and attach it securely to this application.