



**Diocese of St. Augustine**  
**Catechist Certification Program**  
 Personal Record of Professional Development  
**Level III and/or Continuing Formation**

Name \_\_\_\_\_ Month/Year **Start** \_\_\_\_/\_\_\_\_/20\_\_\_\_

E-Mail \_\_\_\_\_ **Complete** \_\_\_\_/20\_\_\_\_

Location(s) of Your Ministry:

Parish Name _____
School Name _____
<b>Both (Circle if applicable)</b>

Please use this form to record the formation opportunities that you have attended.

Date	Title	Presenter	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date \_\_\_\_\_ Local Representative (DRE or Principal) \_\_\_\_\_

Date \_\_\_\_\_ Diocesan Representative \_\_\_\_\_

**Catechist's Next 30 hours due** \_\_\_\_/\_\_\_\_/20\_\_\_\_.

**LEVEL III - Continuing Formation:** Unless you are pursuing a Ministry Formation Certificate or a formal degree in theology or theological studies, 30 hours of continuing formation in the Catholic Faith is due every third year starting from the date of the achievement of your required level.

**Send completed form & documentation to:**  
 Office of Christian Formation, Diocese of St. Augustine, 11625 Old St. Augustine Road, Jacksonville, FL 32258