

DIOCESE OF KNOXVILLE
Office of Religious Education

In collaboration with **AQUINAS**
 COLLEGE
IN THE DOMINICAN TRADITION

Enrollment for Catechetical Formation Program

To be completed by individual intending to enroll in the Catechetical Formation Program

Candidate Information

Candidate Name _____
 Address _____
 City _____ Zip Code _____
 Phone Number(s) _____ Cell _____
 Email _____
 Parish / School _____
 Certified in another diocese? Yes No

Major Role

<input type="checkbox"/> DRE	<input type="checkbox"/> Priest	<input type="checkbox"/> Ministry Leader	<input type="checkbox"/> School Principal
<input type="checkbox"/> Catechist	<input type="checkbox"/> Deacon	<input type="checkbox"/> RCIA	<input type="checkbox"/> School Teacher
<input type="checkbox"/> Parish Staff	<input type="checkbox"/> Homeschool	<input type="checkbox"/> Other _____	

Parish Catechist Yes No Grade(s) _____ Number of years teaching _____
 Parish Name _____

Catholic School Educator Yes No Grade(s) _____ Number of years teaching _____
 School Name _____

Entry Date to Catechetical Formation Program :
 Fall – Year _____ Spring – Year _____

It is my intention to participate in the Catechetical Formation Program in preparation for catechist certification.

 Signature Date

History of Catechetical Experience for Portfolio

I. PERSONAL INFORMATION

Full Name _____

Address _____

City _____ Zip Code _____

Telephone (daytime) _____ Telephone (evening) _____

Cell Phone (if applicable) _____

II. HISTORY/EXPERIENCE

(Only list positions/experience/volunteer work in Catholic ministry within the last three (3) years. List in order, beginning with your current/most recent position.)

HISTORY · EXPERIENCE · VOLUNTEER WORK	
Parish/School:	
City, State	
Pastor	
Position	
Status: (FT= Full Time, PT=Part Time V = Volunteer)	
Name of Catechetical Leader or Principal	
List Years	

HISTORY · EXPERIENCE · VOLUNTEER WORK	
Parish/School:	
City, State	
Pastor	
Position	
Status: (FT= Full Time, PT=Part Time V = Volunteer)	
Name of Catechetical Leader, or Principal	
List Years	

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HISTORY · EXPERIENCE · VOLUNTEER WORK	
Parish/School:	
City, State	
Pastor	
Position	
Status: (FT= Full Time, PT=Part Time V = Volunteer)	
Name of Catechetical Leader, or Principal	
List Years	

Record for Catechist Portfolio

Name _____

Beginning Date _____

Completion Date _____

Parish / School _____

CATECHIST LEVEL 1: FOUNDATIONAL COURSES

DATE / LOCATION ATTENDED	SESSION	PRESENTER	HOURS (with written reflection)
Date: Location:	<i>What We Believe</i>		2 ½
Date: Location:	<i>Sacraments</i>		2 ½
Date: Location:	<i>Personal Morality</i>		2 ½
Date: Location:	<i>Spirituality & Prayer</i>		2 ½
Date: Location:	<i>Catechist Orientation</i>		4
TOTAL HOURS:			

CATECHIST LEVEL 2: AQUINAS COLLEGE CATECHETICAL COURSES

YEAR 1	DATE / LOCATION ATTENDED	SESSION	HOURS (with one hour for written reflection)
Fall	Date:	<i>Creed</i> (1 hour)	6
	Location:	<i>Sacraments</i> (1 hour)	
		<i>Morality</i> (1 hour)	
		<i>Prayer</i> (1 hour)	
		<i>Methods</i> (1 hour)	
Spring	Date:	<i>Creed</i> (1 hour)	6
	Location:	<i>Sacraments</i> (1 hour)	
		<i>Morality</i> (1 hour)	
		<i>Prayer</i> (1 hour)	
		<i>Methods</i> (1 hour)	
YEAR 2	DATE / LOCATION ATTENDED	SESSION	HOURS (with one hour for written reflection)
Fall	Date:	<i>Creed</i> (1 hour)	6
	Location:	<i>Sacraments</i> (1 hour)	
		<i>Morality</i> (1 hour)	
		<i>Prayer</i> (1 hour)	
		<i>Methods</i> (1 hour)	
Spring	Date:	<i>Creed</i> (1 hour)	6
	Location:	<i>Sacraments</i> (1 hour)	
		<i>Morality</i> (1 hour)	
		<i>Prayer</i> (1 hour)	
		<i>Methods</i> (1 hour)	
YEAR 3	DATE / LOCATION ATTENDED	SESSION	HOURS (with one hour for written reflection)
Fall	Date:	<i>Creed</i> (1 hour)	6
	Location:	<i>Sacraments</i> (1 hour)	
		<i>Morality</i> (1 hour)	
		<i>Prayer</i> (1 hour)	
		<i>Methods</i> (1 hour)	
Spring	Date:	<i>Creed</i> (1 hour)	6
	Location:	<i>Sacraments</i> (1 hour)	
		<i>Morality</i> (1 hour)	
		<i>Prayer</i> (1 hour)	
		<i>Methods</i> (1 hour)	
TOTAL HOURS:			

Date:	<i>Completion of Catechist Portfolio</i>	10 Hours
TOTAL HOURS FOR CATECHETICAL CERTIFICATION (Catechist Levels 1 & 2)		60

**DEEPENING SPIRITUALITY: ONGOING FORMATION
FOR CERTIFIED CATECHITS**

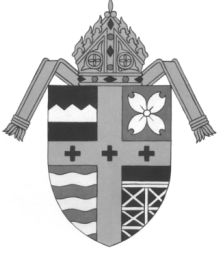
DATE / LOCATION ATTENDED	SESSION / PRESENTER	AREA OF FORMATION (Creed, Sacraments, Morality, Prayer, Catechetical Methods)	HOURS (with written reflection)
Date: Location:			
Date: Location:			
Date: Location:			
Date: Location:			
Date: Location:			
Date: Location:			
Date: Location:			
TOTAL HOURS:			

Resources and References for Catechist


Worksheet for Catechist Personal Use

REFERENCE	INFORMATION
<p>Books</p> <p>◆</p> <p>Reference Materials</p>	

REFERENCE	INFORMATION
<p>Videos</p> <p>◆</p> <p>DVD's</p> <p>◆</p> <p>CD's</p> <p>◆</p> <p>Internet Sites</p>	



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Approval for Acceptance of Deepening Spirituality Hours

Event Information

Name of Event _____
Topic _____
Location _____
Speaker(s) _____
Date _____ Time _____

Requested number of Hours _____

In order to encourage a variety of exposure with regard to hours a maximum of 5 hours plus an additional 1 hour for reflection paper will be accepted per event

Candidate Information

Candidate Name _____
Address _____
City _____ Zip Code _____
Phone Number(s) _____ Email _____

Approval - Catechetical Leader (DRE, Deacon or Priest)

Name _____ Parish _____
Signature _____ Date _____



Number of requested hours accepted toward your *renewal* of diocesan catechist certification

Application for Catechist Certification from the Diocese of Knoxville

To be completed by the Catechetical Leader and submitted to the diocesan Office of Religious Education by August 31st each year. Certificates will be awarded to catechists in the fall semester.



I verify that the following catechists have completed their program of studies consisting of:

- 60 hours of formation in the areas specified by the curriculum of the *Diocese of Knoxville Catechetical Formation Program*

And

- Completed and submitted a personal portfolio as evidence of their preparedness and are eligible to receive catechist certification for the Diocese of Knoxville, Tennessee.

Name of Parish/School submitting request _____

Address _____

Contact person/Pastor _____

Phone number(s) _____ Cell _____

E-mail _____

Name of Candidates: (Please TYPE or PRINT FULL NAME as it should appear on certificate)

Signature of Catechetical Leader

Date