CATECHIST CERTIFICATION
APPLICATION FOR PERMANENT CERTIFICATION FOR THEOLOGY/RELIGION TEACHERS
- MASTER'S DEGREE IN THEOLOGY REQUIRED -

- For assistance or for more information please contact the Coordinator of Certification at drusso@theadom.org
- This form must be signed and sent to the Office of Catechesis with **official transcripts**.
- Supporting documents submitted with this form will not be returned. We recommend keeping a copy.
- Please, allow four to six weeks for processing.

• **A Processing fee of $10** should be made payable to the Archdiocese of Miami Attn. Catechist Certification

___ ___ ___ ___ _____ _____
LAST 4 SS# LAST NAME FIRST NAME(S)

APPLICANT ADDRESS: _____
CITY STATE ZIP

TELEPHONE: _____ _____ EMAIL: _____
(HOME) (CELL)

☐ CATHOLIC SCHOOL _____
[SCHOOL NAME]

DEGREE EARNED: ☐ BACHELORS ☐ MASTERS ☐ DOCTORATE

CATHOLIC INSTITUTION: _____ _____ _____

I acknowledge that the documentation submitted with this application is accurate and complete.

APPLICANT SIGNATURE: _____ DATE: _____

☐ OFFICE OF CATECHESIS USE ONLY ☐

☐ INCOMPLETE _____ Other _____

☐ COMPLETE: ☐ NO RULE ☐ GRANTED
Date: _____ Initials: _____

☐ DENIED: __ Course Not Recognized __ Low Hours __ Course Prev. Used
__ No EQ __ Credit Prev. Granted Other _____

☐ POSTED Date: _____ Initials: _____

☐ RULE CREATED Date: _____ Initials: _____

COMMENTS: _____

_____

_____

_____ _____ ___/___/____
Evaluator's Name Signature Date

MAIL TO: ARCHDIOCESE OF MIAMI – OFFICE OF CATECHESIS
9401 Biscayne Blvd. Miami Shores, Fl 33138.

VISIT OUR WEBSITE www.miamicatechesis.org

07.29.2016