

WORKSHOP CERTIFICATION REQUEST

Parish/School: _____ City: _____

Title of Workshop: _____

Certification Area: _____

Is this workshop for _____ Basic Certification (see guidelines), or _____ Renewal?

Brief Description of Workshop: (To receive **BASIC** credit, a workshop must cover all required topics)

Name of Presenter: _____

Qualifications of Presenter: _____

(not necessary for priests and religious serving in the Diocese of Sacramento)

Date(s) and Time(s) of Workshop: _____

Location of Workshop: _____

Administrator responsible for Workshop: _____

Signature of Administrator: _____

Date of Application: _____

Is this workshop open to everyone? _____ Can we publish its availability? _____

Pastor's approval of the workshop offering _____

Send this application to the Catholic School Department at least two weeks prior to the workshop.

CFF Approval: _____ and CSD Approval: _____

Basic/Renewal Credit for _____ Hours in _____

Reason for non-approval: _____

Date returned to Administrator: _____