

MASTER CATECHIST RECERTIFICATION FORM

Exp	/r:	

Name Address -			Street City, State, Zip Code		MC ID Home Cell Cell		
Par	ısn,	City					
Dece	mbei	3424 WILSHIRE	ts issuance e.org or to ous Educa BLVD. 4TH	the below a tion – Att: FLOOR, Los	bmit completed form by enddress. *Keep a copy for CATECHIST FORMATION S ANGELES, CA 90010	mailing to: Flor	
		REQUI	REMENTS	FOR RECER	RTIFICATION		
Ш	Tal	ce the Art of Accompanime	ent training		DATE		
	Par	ticipate as facilitator/MC f	or One Mi	ssion One F	aith. DATE		
	Eva	aluation by designated OR	E represen	tative	DATE		
	Rec	commendation by the OMO	ommendation by the OMOF team DATE				
	A r	etreat experience. (not as r	nember of	team)	DATE		
	The Master Catechist must demonstrate on-going professional growth based upon his/her previous and current evaluations. A minimum of 40 hours, based on the below						
	1.	Christology	Ch	8.	Pedagogy/Andragogy	(PA)	
	2.	Scripture	Sc		Ecclesiology		
	3.	Doctrine	Doc		Catechetical Skills		
	<i>3</i> . 4.	Moral Theology	Mor		Safe Environments ¹		
	5.	Liturgy & Sacraments	LS		Evangelization/Mission		

7. Psychology..... (Psy)

6. Spirituality...... Sp 13. Special Needs......

SpN

Tech

14. Technology.....

¹ VIRTUS [™] - It is important to have your training updated, please send a copy of your certificate.

RECORD OF ONGOING PROFESSIONAL GROWTH

DATE	# Hours	LOCATION	Instructor	SEMINAR/WORKSHOP DESCRIPTION	AREA

Upon receipt and approval of this form your recertification will be processed, and your record updated to indicate that your status as a Master Catechist will be valid for the next three years. A record of recertification will be mailed to you on the days to follow. Thank you for commitment to your ongoing formation and for your service to the ministry of catechesis and evangelization.

