

BASIC CATECHIST CERTIFICATION APPLICATION DIOCESE OF SACRAMENTO, CALIFORNIA

Record of Courses Completed for:

Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

School _____ City _____

Parish _____ City _____

E-Mail Address (please print) _____

DOCTRINAL DEVELOPMENT

Profession of Faith 8 hours

Date Instructor Hours

Revelation in Scripture and Tradition/Faith Response	_____
Trinity and the Image of God	_____
Christology and Redemption	_____
Church/Mary and the Saints	_____

Celebration of the Christian Mystery 8 hours

Paschal Mystery	_____
Sacramental Theology/Liturgy	_____
Sacraments of Initiation	_____
Sacraments of Healing/Service of Communion	_____

Life in Christ 8 hours

Dignity of Human Person/Redemption	_____
Ten Commandments and Beatitudes	_____
Catholic Social Teaching	_____
Conscience Formation/Decision Making	_____

Christian Prayer 8 hours

Call to Prayer/Lord's Prayer	_____
Prayer/Worship	_____
Prayer Styles/Leading Prayer	_____
Introduction to Scripture	_____
Communal Life	_____

THE NATURE OF CATECHESIS & CATECHETICAL DEVELOPMENT 8 hours

Faith and Human Development
Evangelization and Nature of Catechesis
Catechetical Process/Family & Culture as Context for Catechesis
Learning & Teaching Styles/Resources, Use of Media

<u>Date</u>	<u>Instructor</u>	<u>Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPIRITUAL DEVELOPMENT OF THE CATECHIST 10 hours total
Combination of:

Prayer Experiences
Retreats
Spiritual Direction

BASIC CATECHIST CERTIFICATION:

Date: _____ **Catechist Signature** _____

Date: _____ **Approved By** _____
School Principal, DRE or CRE

PRINCIPAL or DRE: Please attach your report of observation of catechetical session which has been reviewed for evaluation.

FOR EQUIVALENCY APPLICATION ONLY:

Date: _____ **Approved By** _____
School Principal, DRE or CRE

Examination administered by: _____

Date of Examination: _____ **Score:** _____

PRINCIPAL or DRE: Please the Catechist Observation Form which you have completed for one session which has been reviewed for evaluation.

CERTIFICATION GRANTED:

Date: _____ **Approved By** _____
Director of Catechesis or Assistant Superintendent

Completion of this form is the responsibility of the catechist. The School Principal or the Parish Director of Religious Education should verify the accuracy of the records and send this completed form to the **Department of Evangelization and Catechesis**, 2110 Broadway, Sacramento, CA 95818. A certificate will be issued and sent to the Principal or the Director of Religious Education to be given to the catechist.