



Diocese of Erie – Policy 241

Faith Formation Leader Continuing Education Record

Year: 20__ through 20__

Total # of contact hrs. completed: _____

1.

Date (s): _____
Program Description: _____
Program Location: _____
Major Presenter(s): _____
of contact hours: _____ (use only hour or ½ hour increments)

2.

Date (s): _____
Program Description: _____
Program Location: _____
Major Presenter(s): _____
of contact hours: _____ (use only hour or ½ hour increments)

3.

Date (s): _____
Program Description: _____
Program Location: _____
Major Presenter(s): _____
of contact hours: _____ (use only hour or ½ hour increments)

4.

Date (s): _____
Program Description: _____
Program Location: _____
Major Presenter(s): _____
of contact hours: _____ (use only hour or ½ hour increments)

5.

Date (s): _____
Program Description: _____
Program Location: _____
Major Presenter(s): _____
of contact hours: _____ (use only hour or ½ hour increments)