



Diocese of Erie Catechetical Staff 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)