



# 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)