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 1/2 hour increments)

2. Date(s): _____
Program Description:

Program Location: _____
Major Presenter(s): _____
# of contact hours: _____ (use only hour or 1/2 hour increments)

3. Date(s): _____
Program Description:

Program Location: _____
Major Presenter(s): _____
# of contact hours: _____ (use only hour or 1/2 hour increments)

4. Date(s): _____
Program Description:

Program Location: _____
Major Presenter(s): _____
# of contact hours: _____ (use only hour or 1/2 hour increments)

5. Date(s): _____
Program Description:

Program Location: _____
Major Presenter(s): _____
# of contact hours: _____ (use only hour or 1/2 hour increments)