APPLICATION FOR MINISTRY CERTIFICATION
DIOCESE OF SACRAMENTO

I am applying for certification in the following area:

- ☐ **Catechesis/Pastoral Accompaniment**
- ☐ **Liturgy**
- ☐ **Marriage and Family/Sacred Scripture**
- ☐ **Social Concerns/OYYA**
- ☐ **OCIA**

Record of Courses Completed for:

Name _____Date of Birth _____

Address _____

City_____ State_____ Zip Code _____

Parish _____City_____

Phone _____ Cell Phone _____

E-Mail Address (please print) __

Name as it should appear on Certificate: _____

A. COURSE OF STUDIES: Coursework for each of the Ministry Areas is listed in the "ICS level 1 and OCIA." Please list Course Title, Date Course Completed, Location, and Instructor(s) for each of the required courses for the selected specialization.

☐ **Course Title:** _____ Date Completed: _____

Instructor: _____

Location of Course: _____

☐ **Course Title:** _____ Date Completed: _____

Instructor: _____

Location of Course: _____

☐ **Course Title:** _____ Date Completed: _____

Instructor: _____

Location of Course: _____

☐ **Course Title:** _____ Date Completed: _____

Instructor: _____

Location of Course: _____

☐ **Course Title:** _____ Date Completed: _____

Instructor: _____

Location of Course: _____

B. RETREAT: Please complete the section that reflects your Retreat.

I.

☐ **Title of Retreat:** _____ Date Completed: _____

Facilitator: _____

Location of Retreat: _____

BASIC CERTIFICATION INFORMATION

Applicant holds a:

☐ **Basic Catechist Certificate** ☐ **Basic Ministry Certificate**

Certificate issued: _____ Certificate expires: _____

Certificate Number: _____

PARISH SAFE ENVIRONMENT COORDINATOR: *Please check the boxes if complete and sign.*

☐ **BACKGROUND CHECK**

☐ **SAFE ENVIRONMENT TRAINING**

Expiration Date: _____

I hereby attest that the applicant has the necessary diocesan requirements for Safe Environment.

Date: _____ **Signature** _____

PARISH SAFE ENVIRONMENT COORDINATOR

Print Name: _____

Phone number: _____

ACKNOWLEDGEMENT

APPLICANT: *Please read, date and sign.*

I have completed the coursework above and have met all requirements. I hereby request Certification in the selected ministry area from the Diocese of Sacramento.

Date: _____ **Applicant Signature** _____

PASTOR: *Please sign.*

I hereby attest that the above candidate is in good standings with the parish and I recommend him/her for Certification in the selected ministry area.

Date: _____ **Signature** _____
PASTOR

Print Name of Pastor: _____

Phone number: _____

CERTIFICATION GRANTED:

- ☐ **Catechesis/Pastoral Accompaniment**
- ☐ **Liturgy**
- ☐ **Marriage and Family/Sacred Scripture**
- ☐ **Social Concerns/OYYA**
- ☐ **OCIA**

Date: _____ **Approved By** _____
Department of Lay Formation staff

Completion of this form is the responsibility of the applicant. This completed form should be submitted to: **Diocese of Sacramento, Lay Formation Department,** 2110 Broadway, Sacramento, CA 95818. When this form is received and reviewed at the Pastoral Center, a Certificate will be issued and sent to the applicant via email.