ARCHDIOCESE OF CHICAGO

CATECHIST CERTIFICATION

Instructor File Form

Please fill out form as thoroughly as possible.

Submit to: certification@archchicago.org

Do you want to be approved as a course instructor and/or retreat instructor?

☐ Course Instructor ☐ Retreat Instructor

Name:	**Professional Title:**		
Address:	**City:**	**State:**	**Zip:**
Phone:	**Email:**		
Employer:		**Work Phone:**	
Work Address:	**City:**	**State:**	**Zip:**

Education	**Institution:**	**Major/Minor Field:**
Undergraduate Degree		
Graduate Degree		
Postgraduate Degree		

Comfortable Instructing/Facilitating in: English ☐ Spanish ☐

Areas of Expertise (please check areas of academic/pastoral background):

☐ Revelation ☐ Sacraments ☐ Liturgy ☐ Morality ☐ Prayer ☐ Creed ☐ Church History

☐ Catechesis ☐ Spirituality Other: _____

Signature: _____ Date: _____

Please email this form along with your resume to **certification@archchicago.org**.

You will be notified of your approval by our office.