

## **Master Catechist**

### Record of Workshops Taught for the Archdiocese of San Francisco

Name \_\_\_\_\_ Parish \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Date of last certification \_\_\_\_\_

**Faith Formation Conference dates attended (2 times in three to four years required)**

Date:	Date:	Date:	Date:
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**Boston College C21 Courses or OREYM workshops taken (ten hrs per year)**

Title & date	Title & date	Title & date	Title & date

Workshop Title Taught for Archdiocese (4-6 hrs required)	Date	Place	# Hours

**Return completed to: OREYM, One Peter Yorke Way, SF 94109 Fax: 415-614-5658**