Yearly Response Form for Ongoing Formation

Certified parish Directors of Faith Formation and Associates of Faith Formation are asked to return this form, completed, to the Regional Faith Formation Director annually. It will be maintained in the DFF/AFF file for purpose of supporting the DFF/AFF's request to renew DFF/AFF certification (65 minimum contact hours for 5 years). Official transcripts or copies of certificates or other relevant documentation where available should be attached to this form and submitted with it. (You may include presentations, workshops, conferences, retreats and courses that will be completed by the end of the academic year.)

Name: _____ Phone: _____

Address: _____
Street *City* *Zip*

Parish of Ministry: _____ Location: _____

Period From: _____ to _____
beginning date *ending date*

Title	Sponsoring Institution/Agency & Location	Number of Contact or Credit Hours	Dates