



Application for Basic (Level I) Certification

(Please fill in all applicable information.) Please note that certification is attained upon the approval of the Associate Superintendent for Catholic Identity and receipt of the Catechist Certificate from ArchNYLAB

Applicant: _____
 First Name Last Name Maiden Name (if applicable)

Home Address: _____
 Street Address City Zip

Date Hired in Archdiocese: _____ **Date hired in current school:** _____
 mo/day/yr mo/day/yr

School: _____
 Name Region

School Address: _____
 Street Address City Zip

Principal: _____ **School Phone** (_____) _____ - _____

Requirements completed for Basic Certification

A. ArchNYLAB

The Call to Ministry	Completion Date:	_____
Methodology	Completion Date:	_____
The Profession of Faith	Completion Date:	_____
Celebration of the Sacraments	Completion Date:	_____
Life in Christ	Completion Date:	_____

B. Date of Observation/Evaluation Month: _____ Day: _____ Year: _____

C. Year as a catechist completed Month: _____ Day: _____ Year: _____

OR Statement of equivalency

- A. Past certification
- B. Verifiable workshops or non-credit courses
- C. Undergraduate or graduate courses (official transcript and course descriptions must be attached)
- D. 18 credits of theology more than 15 years ago, with evidence of recent updating attached
- E. Equivalency form received

Process for application:

This form is to be kept in the Catholic School educator's file in the school. When all requirements are fulfilled, make a copy of this form for the educator's file and forward the original to email address above.

Verification of Completion of Requirements:

Principal's Signature: _____ **Date:** _____

Approved: _____ **Date:** _____

(Associate Superintendent for Catholic Identity)