



Application for Basic (Level II) 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 Advanced (Level II) Certification

A. Basic (Level I) Certification as a Catholic School Catechist Month _____ Day _____ Year _____

B. ArchNYLAB

Track 1:

Introduction to Old Testament Completion Date: _____
 Introduction to New Testament Completion Date: _____

Track 2: (Three Elective Courses)

Prayer and Worship Completion Date: _____
 Catechists in Diverse Settings Completion Date: _____
 Social Mission of the Church Completion Date: _____
 Going Deeper with the Creed Completion Date: _____
 The Church in the World Completion Date: _____
 Faith Formation with Special Needs Youth Completion Date: _____

Process for application:

This form is to be kept in the Catholic School educator’s performance file in the school. When all requirements are fulfilled, a copy of this form is to be placed in the educator’s performance file, and the original forwarded to the email address below.

Verification of Completion of Requirements:

Principal’s Signature: _____ **Date:** _____

Approved: _____ **Date:** _____

(Associate Superintendent for Catholic Identity)