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Fee:
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**ARCHDIOCESE OF SAN ANTONIO
INSTITUTE FOR LAY ECCLESIAL MINISTRY AND SERVICE**
2718 West Woodlawn Avenue San Antonio, Texas 78228

**APPLICATION FOR CERTIFICATION/RENEWAL
CATHOLIC SCHOOL EDUCATOR TCCB-ED**

** Please PRINT as you wish your name to appear on your certificate. **

FULL NAME

_____ *First* _____ *Middle* _____ *Last*

HOME ADDRESS

_____ *Street*

_____ *City* _____ *Zip*

PHONE

_____ DATE OF BIRTH ____/____/____

SCHOOL

EMAIL

I hereby apply for ___ Certification Renewal of Certification:
Date of Last Certification: _____

CREDIT BY EQUIVALENCY (*Workshops, Courses, In-Services*)

Title	Location	Date Attended	Clock Hours

The following documentation is attached:

- _____ Copies of attendance/participation certificates, college transcripts
- _____ Recommendation from Principal, Ministry Supervisor attesting to competence

Signature of Applicant

Date

This form replaces all previous versions

January 2022



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INSTITUTE FOR LAY ECCLESIAL MINISTRY AND SERVICE**
2718 West Woodlawn Avenue San Antonio, Texas 78228

**APPLICATION FOR CERTIFICATION/RENEWAL
Catholic School Teachers Who Do Not Teach Religion**

** Please PRINT as you wish your name to appear on your certificate. **

FULL NAME _____
First
Middle
Last

HOME ADDRESS _____
Street

City
Zip

PHONE _____ DATE OF BIRTH ____/____/____

SCHOOL _____ EMAIL _____

My Catholic Faith Delivered _____ *Faith Foundations (25 lessons)*
Date Completed (mm/dd/yyyy)

CREDIT BY EQUIVALENCY
A – Workshops, Courses, In-Services

Title	Location	Date Attended	Clock Hours

B – College Credit Hours (Subject to review)
 College Attended _____
 Total Suggested Credits _____
 Date(s) Earned _____

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Approved Credits: _____

Signature of Applicant *Date*



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RECOMMENDATION FOR CERTIFICATION

(to be completed by a Principal or Supervisor)

Each Catholic School Teacher applying for certification needs a written recommendation attesting to competencies.

NAME OF APPLICANT

First

Middle

Last

APPLYING FOR CERTIFICATION (check one) TCCED Non-Teaching Religion

Catholic School _____

(check one)

- | | | |
|-------|-------|--|
| YES | NO | <i>(to be completed by ministry supervisor)</i> |
| _____ | _____ | Is the applicant active in your school catechetical program ? |
| _____ | _____ | Has the applicant had successful experience as an educator? |
| _____ | _____ | Does this applicant exhibit a familiarity with the cultural reality of the Archdiocese of San Antonio? |

Please COMMENT on your experience of the applicant's skill and effectiveness as an educator

__ I recommend the applicant for certification

Signature of Ministry Supervisor

Date

I have read and discussed this completed form with the person recommending me.

Applicant's Signature

Date