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**ARCHDIOCESE OF SAN ANTONIO
INSTITUTE FOR LAY ECCLESIAL MINISTRY AND SERVICE**
3115 W. Ashby, 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 *(to be completed by ministry supervisor)*

_____ _____ 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