



APPLICATION FOR SPECIALIZATION DIOCESE OF SACRAMENTO

I am applying for Specialization in the following area:

- | | |
|---|---|
| ☐ Catechesis | ☐ Social Concerns |
| ☐ Liturgy | ☐ Youth/Young Adult Ministry |
| ☐ Marriage Preparation | ☐ New Media & Evangelization |
| ☐ RCIA | |

Record of Courses Completed for:

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Parish _____ City _____

Phone _____ Cell Phone _____

E-Mail Address (please print) _____

Name as it should appear on Certificate: _____

A. COURSE OF STUDIES: Coursework for each of the Specialization Areas is listed in the "Ministry Specialization Guidelines." Please list Course Title, Date Course Completed, Location, and Instructor(s) for each of the required courses for the selected specialization.

☐ **Course Title:** _____ **Date Completed:** _____
Instructor: _____
Location of Course: _____

☐ **Course Title:** _____ **Date Completed:** _____
Instructor: _____
Location of Course: _____

☐ **Course Title:** _____ **Date Completed:** _____
Instructor: _____
Location of Course: _____

☐ **Course Title:** _____ **Date Completed:** _____
Instructor: _____
Location of Course: _____

☐ **Course Title:** _____ **Date Completed:** _____
Instructor: _____
Location of Course: _____

B. RETREAT: Please complete the section that reflects your Retreat.

I.

☐ **Title of Retreat:** _____ **Date Completed:** _____
Facilitator: _____
Location of Retreat: _____

BASIC CERTIFICATION INFORMATION

Applicant holds a:

☐ **Basic Catechist Certificate**

☐ **Basic Ministry Certificate**

Certificate issued: _____ **Certificate expires:** _____

Certificate Number: _____

PARISH SAFE ENVIRONMENT COORDINATOR: *Please check the boxes if complete and sign.*

☐ **BACKGROUND CHECK**

☐ **SAFE ENVIRONMENT TRAINING**

Expiration Date: _____

I hereby attest that the applicant has the necessary diocesan requirements for Safe Environment.

Date: _____ **Signature** _____
PARISH SAFE ENVIRONMENT COORDINATOR

Print Name: _____

Phone number: _____

ACKNOWLEDGEMENT

APPLICANT: *Please read, date and sign.*

I have completed the coursework above and have met all requirements. I hereby request Specialization in the selected ministry area from the Diocese of Sacramento.

Date: _____ **Applicant Signature** _____

PASTOR: *Please sign.*

I hereby attest that the above candidate is in good standings with the parish and I recommend him/her for Specialization in the selected ministry area.

Date: _____ **Signature** _____
PASTOR

Print Name of Pastor: _____

Phone number: _____

SPECIALIZATION GRANTED:

- | | |
|---|---|
| ☐ Catechesis | ☐ Social Concerns |
| ☐ Liturgy | ☐ Youth / Young Adult Ministry |
| ☐ Marriage Preparation | ☐ New Media & Evangelization |
| ☐ RCIA | |

Date: _____ **Approved By** _____
OFFF staff

Completion of this form is the responsibility of the applicant. This completed form should be submitted to: **Diocese of Sacramento, Office of Family and Faith Formation**, 2110 Broadway, Sacramento, CA 95818. When this form is received and reviewed at the Pastoral Center, a Specialization Certificate will be issued and sent to the applicant.