ARCHDIOCESE OF ATLANTA Office of the Permanent Diaconate Annual Report on Continuing Education

This report is due on December 31st of each year. Forward as an attachment to an Email to the Director of Deacon Personnel

Name:		Date:
Email Address:		(All dates in MM/DD/YYYY format)
Abbreviated Guideline	s - Refer to Continuing E	ducation Guidelines for more details.
	inimum of fifteen (15) hou	rs within a two-year period TEGORY 2 of the Guidelines
Course Title:		
Additional Comments:		
Start Date: Name & Location of Ins	Duration in Days:	Total Hours:
Course Title: Additional Comments: Start Date: Name & Location of Ins	Duration in Days:	Total Hours:
Course Title: Additional Comments: Start Date: Name & Location of Ins	Duration in Days:	Total Hours:
Course Title: Additional Comments: Start Date: Name & Location of Ins	Duration in Days:	Total Hours:
Course Title: Additional Comments: Start Date:	Duration in Days:	Total Hours:
Name & Location of Ins	titution:	

Use an additional copy of this form if more space is required SUBMIT ALL PAGES BY DECEMBER 31st