

**2021 – 2022 Continuing Formation Request**

**& 2022 – 2023 Planning**

Date: / /

Deacon Name:

Parish Assignment:

**REPORT OF CONTINUED EDUCATION FROM July 1, 2021 – June 30, 2022**

*“Each deacon will be required to fulfill at least twenty hours of activities each year.”*

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| --- | --- | --- |
| **DATE(S)** | **COURSE TITLE (Conference, Workshops, etc.)** | **HOURS** |
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|  |  |  |
|  |  |  |
|  | **TOTAL CONTINUING EUCATION HOURS:** |  |

**CONTINUING EDUCATION PLAN FOR 2022 – 2023**

*Please list goals and activities, workshops/conferences, etc. your planning to reach your goals:*

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|  |  |  |
|  | **TOTAL CONTINUING EUCATION HOURS:** |  |

**Please return electronically or by mail by October 1st:**

Office of the Diaconate

Deacon Personnel Board

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St. Cloud MN 56303

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