



OFFICE OF FAITH FORMATION
DIOCESE OF ROCKVILLE CENTRE

TO: Catechetical Leaders, Catholic School Principals, Pastoral Associates, Adult Faith Formation Leaders
FROM: Mary Alice Piil, CSJ
CC: Sister Joann Callahan, OSU
SUBJECT: Religious Studies Program Certificate Award Ceremony
DATE: February 1, 2010

The annual Religious Studies Certificate Award ceremony will be held at **St. Agnes Cathedral, Rockville Centre** on **Thursday, June 24, 2010 at 7:30 PM.** **Bishop William Murphy** is scheduled to preside.

Individuals who complete the **Basic and Advanced courses** will be awarded their certificates at this ceremony. Please refer to certificate requirements on the professional page of our web site (www.drvc-faith.org)

ALL APPLICATIONS ARE DUE IN THE OFFICE OF FAITH FORMATION BY APRIL 1, 2010. We appreciate your best effort to forward *all* award applications to us by this deadline. **The names of applicants received after April 1st will not be included in the ceremony booklet.** Teachers should apply through their school, not their parish religious education department. **Applications may be downloaded from the professional section of the website www.drvc-faith.org.**

Note the following:

- ◆ Many Basic and Advanced courses will continue past the **April 1st** deadline. You are authorized to approve applications based on the candidate's stated intention to complete course work before June 1. In such cases **enclose a note** stating when and where the requirements will be completed.
- ◆ To insure that the program covers expenses incurred (registration forms, application distribution and processing, mailing, ceremony invitations, award certificates, name tags, ceremony programs, etc.), the following fee structure for Religious Studies certificates has been established:

Basic Theology certificates	\$10.00 each
Advanced Theology certificates (and pins)	\$15.00 each

- ◆ There is a **\$100 cap** on fees for **Basic Theology certificates** (any parish or school with 15 or more Basic Theology certificate recipients will be charged \$100). **Advanced Theology** charges are additional.
- ◆ Catholic School teachers receiving certificates are expected to pay their own fees.

Payment must accompany application.
Applications received without payment will be returned.

Please make checks payable to the **Office of Faith Formation**.

50 North Park Avenue, Post Office Box 9023, Rockville Centre, New York 11571-9023

phone: 516.678.5800 fax: 516.536.3473 www.drvc-faith.org



DIOCESE OF ROCKVILLE CENTRE RELIGIOUS STUDIES PROGRAM

BASIC THEOLOGY CERTIFICATE APPLICATION
(submit no later than **April 1** of year of eligibility)

Please **PRINT** or **TYPE** all information

DATE: _____

TITLE (Circle one): Br. Miss Mr. Mrs. Ms. Sr.

LAST NAME: _____ **FIRST:** _____

STREET: _____

TOWN: _____ **ZIP:** _____ **TELE:** _____

HOME PARISH: _____ **TOWN:** _____

If Catholic School Teacher:

SCHOOL: _____ **TOWN:** _____

REQUIREMENTS:

Parish/Center/College:

Month/Year:

Old Testament _____

New Testament _____

Ecclesiology (Church) _____

Christology _____

Liturgy _____

Morality _____

I hereby verify the above information.

CATECHETICAL LEADER/PRINCIPAL: _____

signature

Please Forward to:

RSP Application
Office of Faith Formation
PO Box 9023
Rockville Centre, New York 11571-9023

Payment must accompany application

N.B.: All applications must be **signed by** and **submitted by** a parish catechetical leader or a school principal.



**DIOCESE OF ROCKVILLE CENTRE
RELIGIOUS STUDIES PROGRAM**

**BASIC THEOLOGY CERTIFICATE APPLICATION
(for High School Students only)**

(submit no later than **April 1** of year of eligibility)

Please **PRINT** or **TYPE** all information

DATE: _____

TITLE: Miss Mr. Ms.

LAST NAME: _____ **FIRST:** _____

STREET: _____

TOWN: _____ **ZIP:** _____ **TELE:** _____

SCHOOL: _____

HOME PARISH: _____

PARISH TOWN: _____

Basic Theology Course completed during academic year _____

Instructor's signature

Principal's signature

Please Forward to: RSP Application
Office of Faith Formation
P.O. Box 9023
Rockville Centre, New York 11571

Payment must accompany application



RELIGIOUS STUDIES PROGRAM
Office of Faith Formation
 DIOCESE OF ROCKVILLE CENTRE



Rev 05/07
BASIC COURSE Registration Form

IMPORTANT: PRINT CLEARLY and PRESS FIRMLY

Last (Family) Name	First Name	Telephone
Street Address	City	Zip Code
Home Parish	Town	
If Catholic School Teacher:		
School	Town	
Parish/School/Center where course is being taken		Town

For Instructor only: Although one form may be used for all six units, it is preferable that a separate form be used for each unit, particularly when the participant is not a member of the sponsoring parish community or institution, or when it is not known that all six units will be offered over a limited time frame. Credit should only be given if attendance was at least 80% of the total ten-hour unit time. Credit is awarded only for the total ten-hour unit time.

<input type="checkbox"/> Old Testament	Date: ___ / ___ / ___	<input type="checkbox"/> Christology	Date: ___ / ___ / ___
<input type="checkbox"/> New Testament	Date: ___ / ___ / ___	<input type="checkbox"/> Liturgy & Sacraments	Date: ___ / ___ / ___
<input type="checkbox"/> Ecclesiology	Date: ___ / ___ / ___	<input type="checkbox"/> Morality	Date: ___ / ___ / ___

Print name(s) of instructor(s)	Instructor's signature
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At the conclusion of the unit or course, the instructor or representative of the sponsoring parish/center should distribute copies of this form according to the following schema:

BLUE: Diocesan Office **GREEN:** Participant's Home Parish/School **PINK:** Participant



RELIGIOUS STUDIES PROGRAM
Office of Faith Formation
DIOCESE OF ROCKVILLE CENTRE



ADVANCED COURSE Registration Form

IMPORTANT: PRINT CLEARLY and PRESS FIRMLY

Last (Family) Name		First Name	Telephone
Street Address		City	Zip Code
Home Parish	Town		
If Catholic School Teacher:	Town		
School		Town	
Title of Course		Name of Instructor(s)	
Parish/School/Center where course is being taken		Town	Start Date (mo/day/yr) / /
Course Category(-ies): (Consult instructor before checking)		<input type="checkbox"/> Christology	<input type="checkbox"/> Ecclesiology
<input type="checkbox"/> Methodology	<input type="checkbox"/> Morality	<input type="checkbox"/> Psychology	<input type="checkbox"/> Liturgy
<input type="checkbox"/> Scripture	<input type="checkbox"/> Spirituality	<input type="checkbox"/> Other/Elective only	

For Instructor Only:

Total number of class hours: _____ Number of hours attended: _____ Credit: Yes ____ No ____

Credit should only be given if attendance was at least 80% of the total course time. Credit is awarded only for the total course time. The Religious Studies Program handbook and its updates should be consulted for certificate requirements and course expiration dates.

Instructor's signature: _____

At the conclusion of the course, the instructor or representative of the sponsoring parish/center should distribute copies of this form according to the following schema:

WHITE: Diocesan Office YELLOW Participant's Home Parish/School PINK: Participant

The Catholic Church of Long Island



OFFICE OF FAITH FORMATION † DIOCESE OF ROCKVILLE CENTRE

Religious Studies Program Course Listing

This form may be found on-line at drvc-faith.org

Basic

Advanced

Course Title _____

Instructor _____

Parish _____

Town _____

Contact Person _____

Phone _____

Number of Sessions _____ Day of Week _____ Time _____
(Each course must be a minimum of 10 hours)

Start Date _____

Cost _____
2/10

The Catholic Church of Long Island



OFFICE OF FAITH FORMATION † DIOCESE OF ROCKVILLE CENTRE

Religious Studies Program Course Listing

This form may be found on-line at drvc-faith.org

Basic

Advanced

Course Title _____

Instructor _____

Parish _____

Town _____

Contact Person _____

Phone _____

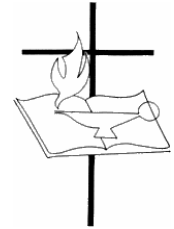
Number of Sessions _____ Day of Week _____ Time _____
(Each course must be a minimum of 10 hours)

Start Date _____

Cost _____
2/10



RELIGIOUS STUDIES PROGRAM
Office of Faith Formation
Diocese of Rockville Centre



Instructor Data Sheet

Complete **both** sides

Personal Data:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone(s) _____

E-mail(s) _____

Employment:

Current position _____

Employer _____

Employer's Address _____

City _____ State _____ Zip _____

Previous *relevant* employment (include same information as for current)

Education (start with the most recent):

College/University _____

Degree _____ Major _____ Graduation Month/Year _____

College/University _____

Degree _____ Major _____ Graduation Month/Year _____

College/University _____

Degree _____ Major _____ Graduation Month/Year _____

Additional degrees, certificates, relevant studies (include name of institution, location, area of studies, type of degree or certificate (if applicable), and date)

Attach additional sheets, resume and/or transcripts to complete any of the above information.

(over)

Note: Instructors must have a master's degree or higher in any of these same major areas or in the subject matter covered by their course (e.g.: Theology, psychology, teaching methods, etc.).

I affirm that the above information is correct and complete to the best of my knowledge as of this date.

Signature _____

Date _____

Rev. 4/07



DIOCESE OF ROCKVILLE CENTRE
RELIGIOUS STUDIES PROGRAM
(for applicants meeting the requirements for either of the
new Advanced Certificates)
ADVANCED THEOLOGY CERTIFICATE APPLICATION
(submit no later than **April 1** of year of eligibility)

Please **PRINT** or **TYPE** all information

DATE: _____

TITLE (Circle one): Br. Miss Mr. Mrs. Ms. Sr.

LAST NAME: _____ **FIRST:** _____

STREET: _____

TOWN: _____ **ZIP:** _____ **TELE:** _____

HOME PARISH: _____ **TOWN:** _____

If Catholic School Teacher:

SCHOOL: _____ **TOWN:** _____

REQUIREMENTS:

Basic Theology certificate awarded in _____ (year)

Sixty hours of required Advanced courses as follows:

For the Advanced Certificate in **Christology/Ecclesiology/Scripture:**

Ten hours of study in Christology, Ten in Ecclesiology, Ten in Scripture, Thirty
_____ hours of elective study in Advanced courses

For the Advanced Certificate in **Liturgy/Morality/Spirituality:**

Ten hours of study in Liturgy, Ten in Morality, Ten in Spirituality, Thirty hours of
_____ elective Advanced study

List all courses individually on the reverse side of this form.

Please Forward to: RSP Application
 Office of Faith Formation
 PO Box 9023
 Rockville Centre, New York 11571-9023

Payment must accompany application

N.B.: All applications must be **signed by** and **submitted by** a parish catechetical leader or a school principal.

List of courses being applied to this certificate; see requirements on front of this form and in handbook. List only Advanced courses. In the column under category indicate whether the topic was Christology, Ecclesiology, Liturgy, Methodology, Morality, Psychology, Scripture, Spirituality or Other (use abbreviations, please). Also indicate the number of hours of actual course time (such as 10, 2, 3½, 1¼, etc.; do not use fractions smaller than ¼).

(over)

