

**Recertification Form
For High School Religion Teachers**

**Archdiocese of Los Angeles
Department of Catholic Schools
3424 Wilshire Boulevard, 2nd Floor
Los Angeles, CA 90010
(213) 637-7538**

Please complete the following form and attach verification of courses taken over the past five years.

Name: _____

Address: _____

Phone: _____

School where you teach: _____

Number of years in present school: _____

NAME, LOCATION AND DATE OF COURSE

INSTRUCTOR

NAME, LOCATION AND DATE OF COURSE	INSTRUCTOR
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Applicant: _____

Date: _____

Recertification granted by: _____

Date: _____

Director of Certification

