



Diocese of Amarillo
Diaconate Office

Diocese of Amarillo
Office of the Permanent Diaconate

Annual Deacon Continuing Education Report Form
January 1 – December 31, ____ (year)

NAME: _____ Date _____

| Title of Course/Book | Institution/Instructor/ Publisher | Dates of Attendance/ Number of Pages | Classroom/Contact Hours |
|----------------------|--------------------------------------|---|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ***** | ***** | ***** | TOTAL HOURS: |

Please submit this form to:

Diaconate Office
Diocese of Amarillo
PO Box 5644
Amarillo, TX 79117