Level I Ministry Certification – Course Approval Form  
Diocese of Tucson – Department of Catholic Schools  
*Requests for approval must be submitted no less than 30 days prior to presentation*

Today's Date: ___________________  Tentative Date of Requested Presentation: ___________________

Location of Presentation: ________________________________________________________________  Total hours: _________

Name of Course: _______________________________________________________________________

Objective Alignment – Please review the Level I Objectives and provide the objectives that will be met by this course:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Activity – Level I course must provide evidence of engagement. Attach a copy of the course handouts and/or activity worksheets that will be used to meet the Level I objectives:
_____________________________________________________________________________________
_____________________________________________________________________________________

*Attach list of resources and supporting documentation to this form for review.*

Name of Presenter: ____________________________________________________________________

Presenter Title/Affiliation: ______________________________________________________________

Religious or Ordained Presenters: Clergy and Religious should submit a Letter of Good Standing from their home diocese’s Chancellor’s office or provincial on their letterhead to the Office of the Chancellor (amorales@diocesetucson.org) AND to the Department of Catholic Schools (aschmidt@diocesetucson.org).

Lay Presenters: must have a current and approved Level II, Advanced, LEM Religious Education Certification or higher level of Religious Education Certification or Degree - Please attach proof of certification/education.

Religious Certification Expiration Date: ___________________

Applicant Signature: ___________________________  Date: ___________________________

Principal/Administrator Signature: ___________________________  Date: ___________________________

Pastor Signature: ___________________________  Date: ___________________________

Approved by: ___________________________  Date: ___________________________

Course Approved for:  ☐ Level I  ☐ Level II  ☐ Level I Renewal  ☐ Level II Renewal

☐ Course not approved (see attached memo for rationale)

Revised: 5/20/2022