



**DIocese OF FALL RIVER
OFFICE OF THE PERMANENT DIACONATE**



REPORT OF CONTINUING EDUCATION

(Please list number of **Continuing Education Units** earned for each item listed & total for each category.)

Deacon: _____

Parish: _____

Year: _____

1. **Retreat (5 credits)**

Earned Credits

Total _____

2. **Convocation (5 credits)**

Earned Credits

Total _____

3. **Spiritual Direction (1 credit per hour)**

Earned Credits

Total _____

4. **Deacon Study Days Sponsored by OPD or
Diocesan Agency (1 credit per hour)**

Earned Credits

Total _____

5. Self Study (1 credit per hour)

Earned Credits

Total _____

6. Attendance at Deanery Meetings (1 credit per meeting)

Earned Credits

Total _____

7. Days of Recollection/ Reflection/Lecture Workshops
(1 credit per hour)

Earned Credits

Total _____

8. Other

Earned Credits

Total _____

Total Credits for the Year

Signature

Date