**Please provide the following information for the designated Diocesan Employee that will oversee the management of Certification program.**

* Name:
* Title:
* Email:
* Phone:
* Is this a full time diocesan employee? Yes/ no

**Please provide a list of volunteers or diocesan employees that will assist with the recruitment and retention of students enrolled in formation program. *Minimum of one name must be provided***

* Name:
* Title:
* Email
* Phone:
* Name:
* Title:
* Email:
* Phone:
* Name:
* Title:
* Email:
* Phone: