

**ARCHDIOCESE OF LOS ANGELES
Deacon's Retreat and Continuing Education Log**

Calendar Year _____

Name:

Please complete this form annually and mail or e-mail by March 15th of following year to:

**Deacon Shane Cuda
Director of Deacons in Ministry
3424 Wilshire Blvd.
Los Angeles, CA 90010-2241
dnshaneveda@la-archdiocese.org**

A. Retreat(s) attended during the year: (Minimum 1 Retreat per Year)

Location:

Dates attended:

**B. Continuing Education Courses/Seminars (Minimum 20 Hours per Year)
/Study Days/Videos/Audio tapes, etc.**

**C.E. Hours
per event**

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Signature

Date

Total C.E. Hours