



NFP Teacher Certification Application

NFP Program, Secretariat of Laity, Marriage, Family Life and Youth, United States Conference of Catholic Bishops; 3211 4th St., NE, Washington, DC 20017; 202-541-3240; nfp@uscgb.org.

(Arch)Diocese: _____

NFP Coordinator: _____

(Arch)Diocesan Address: _____

NFP Teacher's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Phone (indicate cell, work, or home): _____

Assessment:

Teacher Self-Assessment (Form 5a) Date Completed _____

Teacher Observation (Form 5b) Date Completed _____

Name of NFP Teacher's Method(s): _____

We hereby attest that the above candidate has completed the requirements for diocesan NFP teachers as stated in the Standards for Diocesan NFP Ministry. We request that the award of Certification be given to the teacher.

Teacher: _____
Signature

Diocesan NFP Coordinator: _____
Signature Date: _____