

**Continuing Education Report for Clergy
Episcopal Diocese of Pittsburgh**

Name:

Submitted for calendar year 20_____

Please list all Continuing Education below (use additional sheets if necessary):

Program	Type*	Topic	Hours	Cost	Expense Paid By?	Would you recommend this to others?

***Class, Workshop, Conference, Self Study, etc.**

Are you currently enrolled in a degree program?

If so, what program and where?

What type of education programs would you like to see the diocese offer in the future?

Additional Comments:

Signature:

Date:

Please return this form to: The Episcopal Diocese of Pittsburgh, 325 Oliver Avenue, Suite 300, Pittsburgh, PA 15222