**The Episcopal Diocese of Central New York**

**Commission on Ministry**

Clergy Continuing Education Annual Report

Name:­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Status (check one):**

* Full time stipendiary\_\_\_\_ Parish Name/Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Part time stipendiary\_\_\_\_ Contracted for\_­­­\_\_\_\_hours per week

 Parish Name/Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Non-stipendiary\_\_\_\_\_ Parish Name/Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Retired\_\_\_\_\_

**This year I participated in the following continuing education opportunities:**

|  |  |  |
| --- | --- | --- |
| **Course/Workshop/Training** | **Contact** **Hours** | **Description** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Numberof Contact Hours: |  |  |