

FORMING EFFECTIVE DISCIPLES
Request for Echoes 3.0 Activation Code



Please print legibly and use blue or black ink.

Full Name: _____

Home Address: _____

City/State/Zip: _____

Daytime Phone: _____ Email Address: _____

User Name for Echoes 3.0 Account: _____

Please check your role below & provide requested information.

I am a catechetical leader. Date you began this position: _____

I am a Catholic school catechist (teaches religion class). Date you began this position: _____

I am a teacher in a Catholic school (does not teach religion). Date you began this position: _____

I am a religious education catechist. Date you began this position: _____

Parish or school where you serve (name & city): _____

Grade taught (circle) PK K 1 2 3 4 5 6 7 8 9 10 11 12 Adult

Is this your home parish? Yes No

If no, please list name and city of home parish: _____

Do you hold a currently valid catechetical certification from any other diocese? Yes No

If yes, name the diocese: _____

Please attach a readable copy of your certificate.

My signature below indicates that:

- I have been instructed on the requirements of the Forming Effective Disciples Foundational Certification and that I understand these requirements.*
- I understand that I may have up to three years to complete the requirements of Foundational Certification.*
- I understand that the activation code I am requesting is valid for one year from the date it is activated.*

Applicant signature _____ Date _____

Supervisor signature _____ Date _____
(Principal, DRE/CRE, Pastor)

Please complete and mail this form to:
Kathy Drinkwine, Coordinator of Administrative Services, PO Box 969, Superior, WI 54880