THE DIOCESE OF HURON

Clergy Record of Continuing Education and Spiritual Direction
For the year:_____
Clergy Name:_____

Dates	Number of hours in program	Name of Course, workshop, program	Location of program	Nature of course, workshop, program	Log of Spiritual direction hrs/retreats

Books read over the past year for continual education purposes:

_____

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Please complete and return form to the Human Resources Department at Huron Church House

DUE DECEMBER 31, 2007