

HealthCare Chaplaincy
Letter of Reference
 Clinical Pastoral Education

<p>Candidate:</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone () _____</p> <p>E-Mail: _____</p> <hr/> <p>Program applied for (check where applicable):</p> <p>Full-Time Unit (11 weeks)</p> <p><input type="checkbox"/> summer <input type="checkbox"/> fall <input type="checkbox"/> spring</p> <p>Extended Unit (Part-time, 20 weeks or longer)</p> <p><input type="checkbox"/> fall start <input type="checkbox"/> spring start</p> <p>Residency (full-time, year long)</p> <p><input type="checkbox"/> Supervisory Residency</p> <p>Dates of program: from _____ to _____</p>	<p>Date ____/____/____</p> <p>Reference Giver:</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Position _____</p> <p>_____</p> <p>Phone () _____</p> <p>E-Mail: _____</p> <p style="text-align: center;">Please do not return this reference to the candidate, but send it directly. This reference will be kept confidential.</p> <p style="text-align: center;">Mail or fax to: Registrar/Program Administrator HealthCare Chaplaincy 307 E. 60th Street New York, NY 10022</p> <p style="text-align: center;">Fax: 212-486-1440</p>
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1. Please evaluate the candidate on the following scale (check the appropriate boxes):

	Excellent	Very good	Good	Weak	Very weak
Intellectual ability					
General knowledge					
Job perseverance					
Emotional maturity					
Creativity					
Interpersonal skills					
Pastoral effectiveness					

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(Applicant last name)

(Reference Giver last name)

2. How long have you known the candidate, and in what capacity?

3. How do you evaluate the candidate:

a. in his/her potential for pastoral effectiveness?

b. in his/her personal commitment to learning?

c. in his/her maturity of faith and depth of spiritual development?

4. If you were seriously ill and hospitalized, how would you feel about a pastoral visit from this applicant?

5. Please elaborate on any of the rankings you indicated for the table on page 1.

**6. What do you think of his/her plan to do clinical pastoral education?
(motivation, attitude, readiness for an intensive program, etc.)**

7. Additional remarks and comments.

8. Please date and sign: Date: ____/____/____ Signature: _____