

The HealthCare Chaplaincy  
**Letter of Reference**  
 Clinical Pastoral Education

\*program applied for

<p><b>Candidate:</b></p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Phone (     ) _____</p> <p><b>E-Mail:</b> _____</p>	<p><b>Reference Giver:</b></p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Position _____</p> <p>_____</p> <p>Phone (     ) _____</p> <p><b>E-Mail:</b> _____</p>
<p><b>Program applied for</b> (check where applicable):</p> <p><b>Full Time Unit</b> (11 weeks)  <input type="checkbox"/> Winter   <input type="checkbox"/> Spring   <input type="checkbox"/> Summer   <input type="checkbox"/> Fall</p> <p><b>Extended Unit</b> (Part-time, 20 weeks or longer)  <input type="checkbox"/> Fall start   <input type="checkbox"/> Winter start   <input type="checkbox"/> Spring start</p> <p><b>Residency</b> (full-time, year long)  <input type="checkbox"/> Pastoral Care Residency - Level I &amp; II  <input type="checkbox"/> Specialty Residency - Level II  <input type="checkbox"/> Supervisory Residency</p> <p>Dates of program: from _____ to _____</p>	<p>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;"><b>Mail or fax to:</b>        Registrar/Program Administrator        The HealthCare Chaplaincy        307 E. 60th Street        New York, NY 10022</p> <p style="text-align: center;">Fax: 212-486-1440</p>

**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.)**

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**7. Additional remarks and comments.**

**8. Please date and sign: Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_