

CLINICAL PASTORAL EDUCATION PROGRAM

LETTER OF REFERENCE

Candidate: Please fill out the top portion of this Letter of Reference Form and supply a copy to three references listed in your application. Please have references fill out the bottom portion of the form and scan and email to EMoss@communityhospice.com or FAX to: **904.407.7931**.

Name: _____ U.S. Citizen: Yes ___ No ___

Mailing Address: _____ City: _____ State: _____

Country & ZIP: _____ Email: _____

Program applied for: __ Level I Fall/Winter Extended __ Level I Summer Intensive

Year of Program: _____

Check one: I am providing a(n) ___ academic; ___ religious; ___ personal reference for the above named candidate.

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	___	___	___	___	___

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

6. Please elaborate on any of the rankings you indicated in question 1.
7. What do you think of his/her plan to participate in clinical pastoral education (i.e., motivation, attitude, readiness for an intensive program, ability to work in a group, etc.)?

Signature: _____ Date: _____

Please Print Name: _____

Annual Notice Regarding Maintenance of Student Records and Privacy Notice

This ACPE CPE center/program guarantees to its students the right to inspect and review education records, to seek to amend them, to specified control over release of record information, and to file a complaint against the program for alleged violations of these Family Education and Privacy Act (FERPA) rights.