

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, email to skeller@communityhospice.com or FAX to: 904.407.6070.

ame:					U.S. Citizen: Yes N	
ailing Address:			City:		State:	
ountry & ZIP:		Email:				
Program applied for:	Fall/Winter Exter	ll/Winter Extended		Summer Intensive		
Year of Program:						
heck one: I am providing a(n) a						
Please evaluate the candidate	on the following	scale (check the	appropriate bo	xes):		
	Excellent					
		Very Good	Good	Weak	Verv Weak	
Intellectual Ability		Very Good	Good 	Weak 	Very Weak	
Intellectual Ability General Knowledge		Very Good	Good 	Weak 	Very Weak	
,		Very Good	Good	Weak	Very Weak	
General Knowledge		Very Good	Good	Weak	Very Weak	
General Knowledge Job Perseverance		Very Good	Good	Weak	Very Weak	
General Knowledge Job Perseverance Emotional Maturity	——————————————————————————————————————	Very Good	Good	Weak	Very Weak	

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



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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.	Are you aware of any health problems that might affect this candidate's work?					
5.	If you were seriously ill and facing death, how would you feel about a pastoral visit from this applicant?					



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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, intensive program, ability to work in a group, etc.)?	attitude, readiness for an				
Signatu	ure:D	ate:				
Please Print Name:						
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