**Clinical Pastoral Education**

**Letter of Reference**



Reference Giver:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program applied for:

**□** [Extended Internship](http://wvumedicine.org/ruby-memorial-hospital/careers/programs/education/clinical-pastoral-education-for-ministry/the-internship-program/) – A part-time (volunteer position) extended internship

**□** Winter Unit - January – May

**□** Fall Unit – September – April

**□** [Residency](http://wvumedicine.org/ruby-memorial-hospital/careers/programs/education/clinical-pastoral-education-for-ministry/the-residency-program/) – A full-time (employment) yearlong residency - August – August

**□** Summer Intensive – A full-time (volunteer position) intensive internship

June, – August

Please do not return this reference to the candidate, but Send it directly to the Center. This reference will be kept confidential. Return completed form to:

Saint Francis Hospital/ Trinity Health Of New England CPE Center

Spiritual Care Department

114 Woodland Street

Hartford, CT 06105

Fax (860) 714-6172

[CPE@trinityhealthofne.org](mailto:CPE@trinityhealthofne.org)

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

2. 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?

3. If you were seriously ill and hospitalized, how would you feel about him/her visiting you?

4. Please evaluate the candidate on the following scale.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Good | Weak | Very Weak |
| General knowledge |  |  |  |  |  |
| Job perseverance |  |  |  |  |  |
| Emotional maturity |  |  |  |  |  |
| Creativity |  |  |  |  |  |
| Interpersonal skills |  |  |  |  |  |
| Pastoral effectiveness |  |  |  |  |  |

5. Please elaborate on any of the above.

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.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All CPE at Saint Francis Hospital/ Trinity Health Of New England is conducted under the Standards of the: Association for Clinical Pastoral Education, Inc. 55 Ivan Allen Jr. Boulevard, Suite 835 Atlanta, GA 30308 Phone: 404/320-1472 / Fax: 404/320-0849 / e-mail: [acpe@acpe.edu](mailto:acpe@acpe.edu) / Website: [www.acpe.edu](http://www.acpe.edu)