

Reference Form for Clinical Pastoral Education
This form is only for the summer and part-time CPE programs.

<p>CPE Applicant</p> <p>Name: _____ Address: _____ _____ _____</p> <p>Email: _____ Phone: () _____ =====</p> <p>Program applied for:</p> <p>_____ Summer CPE</p> <p>_____ Part-time CPE</p> <p>_____ Other: _____</p>	<p>Reference</p> <p>Name: _____ Address: _____ _____ _____</p> <p>Email: _____ Position: _____ =====</p> <p>This information will be kept strictly confidential.</p> <p><i>Please do not return this reference to the candidate but send it directly to:</i></p> <p>Department of Spiritual Care Yale New Haven Hospital 20 York Street New Haven, CT 06504</p>
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1. How long have you known the candidate, and in what capacity?

2. How do you evaluate the candidate's
 - a. Self-awareness and ability to engage in self-reflection?

 - b. Ability to learn from experience/personal commitment to learning?

 - c. Maturity of faith and depth of spiritual development?

 - d. Ability to give and receive feedback?

3. If you were 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
Interpersonal Communication					
Ability to Engage in Suffering					
Personal and Professional Accountability					
Emotional Maturity					
Creativity					
Ability to Identify and Claim Authority as a Religious Leader					
Intellectual Ability					
Academic Standing					

5. Please elaborate on any of the above, especially any areas that may be challenging or difficult for the applicant.

6. What do you think of his/her plan to do Clinical Pastoral Education?
(motivation, attitude, readiness for CPE, etc.)

7. Additional remarks, comments or concerns.

Signature: _____

Date: _____