**Reference Form for Clinical Pastoral Education**

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| **CPE Applicant** | **Reference** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone :( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  --------------------------------------------------------  Program applied for:  \_\_\_\_\_\_Summer CPE  \_\_\_\_\_\_Residency CPE (Summer to Spring)  \_\_\_\_\_\_Extended CPE | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  -------------------------------------------------------  This information will be kept strictly confidential.  *Please do not return this reference to the candidate but send it directly to:*  Lizzie Staggs  Resident & Fellowship Program Coordinator  Department of Spiritual Care and Education  Spartanburg Regional Healthcare System  101East Wood Street  Spartanburg, SC 29303  [LStaggs@srhs.com](mailto:LStaggs@srhs.com) |

1. How long have you known the candidate, and in what capacity?
2. How do you evaluate the candidate:
3. In his/her potential for pastoral effectiveness?
4. In his/her personal commitment to learning?
5. In his/her maturity of faith and depth of spiritual development?
6. If you were hospitalized, how would you feel about him/her visiting you?
7. Please evaluate the candidate on the following scale.

|  |  |  |  |  |
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| Excellent | Very Good | Good | Weak | Very Weak |
| Intellectual Ability |  |  |  |  |  |
| General Knowledge |  |  |  |  |  |
| Job Perseverance |  |  |  |  |  |
| Emotional Maturity |  |  |  |  |  |
| Creativity |  |  |  |  |  |
| Pastoral Effectiveness |  |  |  |  |  |
| Interpersonal Communication |  |  |  |  |  |

1. Please elaborate on any of the above.
2. What do you think of his/her plan to do Clinical Pastoral Education?

(motivation, attitude, readiness for CPE, etc.)

1. Additional remarks, comments or concerns.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_