**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 StaggsResident & Fellowship Program CoordinatorDepartment of Spiritual Care and EducationSpartanburg Regional Healthcare System101East Wood StreetSpartanburg, SC 29303LStaggs@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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_