

Reference Form for Clinical Pastoral Education

CANDIDATE: PLEASE COMPLETE THIS SECTION BEFORE SENDING TO REFERENCE

Personal Information:

Name: _____ Email Address: _____

Application for (please check below):

- Extended Unit (Sept-April)
- Summer Unit (June-Aug)
- Residency (Sept-May)

Reference Information:

Name: _____ Email Address: _____

Mailing Address: _____

Street Address		Apartment	
_____		() _____	
City	State	Zip Code	Phone

REFERENCE: PLEASE RETURN THIS COMPLETED FORM DIRECTLY TO BRIGHAM AND WOMEN'S HOSPITAL SPIRITUAL CARE SERVICES DEPARTMENT

By email: acatone@bwh.harvard.edu
By mail: Brigham and Women's Hospital
Spiritual Care Services Department, Attn: Clinical Pastoral Education
75 Francis Street
Boston, MA 02115

Reference Signature: _____

Date Submitted _____



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

2. How do you evaluate the candidate
 - a. In their capacity to receive feedback in support of their learning?

 - b. In their ability to work effectively as part of an interdisciplinary team?

 - c. In their maturity and depth of meaning-making development?

3. If you were hospitalized, how would you feel about them visiting you?



4. Please evaluate the candidate on the following scale.

	Excellent	Very Good	Good	Weak	Very Weak
Written and Verbal Communication	<input type="checkbox"/>				
Self-Reflection					
Perseverance					
Emotional Maturity					
Creativity					
Intercultural and Interspiritual Humility					
Interpersonal Relationality					

5. Please elaborate on any of the above.

6. What is your assessment of their plan to undertake Clinical Pastoral Education?
(Motivation, attitude, readiness for CPE, etc.)



7. Please include any additional remarks, comments, or concerns that would help to give the admissions/hiring committee insight into the applicant's functioning as a caregiver in a Level I Trauma Center hospital context.

