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
	1. In their capacity to receive feedback in support of their learning?
	2. In their ability to work effectively as part of an interdisciplinary team?
	3. 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 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 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.