

HARTFORD HOSPITAL
Pastoral Services Department

LETTER OF REFERENCE
for
CLINICAL PASTORAL EDUCATION

Candidate

(Please fill out this portion of the form and supply copies to the three references listed on your CPE application form)

Name: _____

Address: _____

Phone: _____ Email: _____

Program applied for:

___ Extended (part-time) ___ Summer ___ Residency ___ Supervisory

Reference Giver:

Name _____

Tel# _____

(Please fill out this reference for the above named CPE Candidate. This reference will be kept confidential.)

Please mail or fax **directly** to:

Pastoral Services
Hartford Hospital
P.O. Box 5037
80 Seymour Street
Hartford CT 06102-5037
FAX 860-545-3594

1) How long have you know the candidate, and in what capacity?

2) 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					

3) Please elaborate on any of the rankings you indicated for the above table:

4) How do you evaluate the candidate in:

a) His/her effectiveness?

b) His/her personal commitment to learning?

c) His/her maturity of faith and depth of spiritual development?

5) If you were seriously ill and hospitalized, how would you feel about a personal visit from this applicant?

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

7) Additional remarks and comments:

Signature: _____ Date _____