

# CANDIDATE'S REFERENCE LETTER

## I. Academic

(Applicant's Name)\_\_\_\_\_ has applied for admission to The Reading Hospital and Medical Center ~ School of Clinical Pastoral Education. Clinical Pastoral Education is a program aimed at developing competence in pastoral care through the supervised practice of ministry. Your input into our admission's decision is invaluable. Please take a few moments to complete this reference form and return it to The Reading Hospital and Medical Center, Spiritual Care and Education Department, P.O. Box 16052, Reading, PA 19612-6052.

Please rate the candidate as regards the following qualities:

Scale: 1 = Exceptional ability 2 = Good Ability 3 = Average Ability 4 = Limited Ability

1. \_\_1 \_\_2 \_\_3 \_\_4 Ability to learn from experience.
2. \_\_1 \_\_2 \_\_3 \_\_4 Ability to engage in open and honest dialogue.
3. \_\_1 \_\_2 \_\_3 \_\_4 Self-awareness as regards the values, attitudes, and assumptions that frame the candidate's interactions.
4. \_\_1 \_\_2 \_\_3 \_\_4 Ability to interact with persons of different faith backgrounds in a non-defensive manner.
5. \_\_1 \_\_2 \_\_3 \_\_4 Ability to relate to persons in authority
6. \_\_1 \_\_2 \_\_3 \_\_4 Ability to grasp and make use of new concepts.
7. \_\_1 \_\_2 \_\_3 \_\_4 Ability to relate in a group.
8. \_\_1 \_\_2 \_\_3 \_\_4 Ability to exercise appropriate leadership given their duties and responsibilities.

9. How long have you known the applicant? \_\_\_\_\_

10. In what capacity did you know the applicant? \_\_\_\_\_

Comments:

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

E-Mail:\_\_\_\_\_ Phone #:\_\_\_\_\_

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## II. Denominational

(Applicant's Name)\_\_\_\_\_ has applied for admission to The Reading Hospital and Medical Center ~ School of Clinical Pastoral Education. Clinical Pastoral Education is a program aimed at developing competence in pastoral care through the supervised practice of ministry. Your input into our admission's decision is invaluable. Please take a few moments to complete this reference form and return it to The Reading Hospital and Medical Center, Spiritual Care and Education Department, P.O. Box 16052, Reading, PA 19612-6052.

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Scale: 1 = Exceptional ability 2 = Good Ability 3 = Average Ability 4 = Limited Ability

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7. \_\_1 \_\_2 \_\_3 \_\_4 Ability to relate in a group.
8. \_\_1 \_\_2 \_\_3 \_\_4 Ability to exercise appropriate leadership given their duties and responsibilities.

9. How long have you known the applicant? \_\_\_\_\_

10. In what capacity did you know the applicant? \_\_\_\_\_

Comments:

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

E-Mail:\_\_\_\_\_ Phone #:\_\_\_\_\_

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## III. Personal

(Applicant's Name)\_\_\_\_\_ has applied for admission to The Reading Hospital and Medical Center ~ School of Clinical Pastoral Education. Clinical Pastoral Education is a program aimed at developing competence in pastoral care through the supervised practice of ministry. Your input into our admission's decision is invaluable. Please take a few moments to complete this reference form and return it to The Reading Hospital and Medical Center, Spiritual Care and Education Department, P.O. Box 16052, Reading, PA 19612-6052.

Please rate the candidate as regards the following qualities:

Scale: 1 = Exceptional ability 2 = Good Ability 3 = Average Ability 4 = Limited Ability

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7. \_\_1 \_\_2 \_\_3 \_\_4 Ability to relate in a group.
8. \_\_1 \_\_2 \_\_3 \_\_4 Ability to exercise appropriate leadership given their duties and responsibilities.
9. How long have you known the applicant? \_\_\_\_\_

10. In what capacity did you know the applicant? \_\_\_\_\_

Comments:

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_