

# SPIRITUAL FORMATION AND THE ART OF SPIRITUAL DIRECTION

## SPIRITUAL/PASTORAL RECOMMENDATION

Dear Applicant:

**HCM International** is concerned with your professional, spiritual and personal development. Please request a letter of recommendation (1-2 pages) from someone you respect that knows you spiritually and can address your aptitude for ministry.

☐ I waive the right to view this recommendation letter.

☐ I reserve the right to view the recommendation letter.

Signed

Date

**Please sign (typing = signing) above and e-mail this form to the person/group recommending you.**

Dear Friend:

The individual who gave you these instructions is applying for the Certificate in Spiritual Formation and the Art of Spiritual Direction through Healing Care Mandate International. A significant goal of the program is to help each applicant grow spiritually in addition to their growth related to the process of spiritual formation and direction.

**To help us encourage and mentor this applicant, please write a 1-2 page letter (using the space below) describing:**

1. The evidence of his/her faith in life
2. The potential for his/her spiritual growth
3. The impact of his/her spiritual influence
4. His/Her ability to actively listen and thoughtfully respond in their interpersonal relationships

**Please send a hard copy and a digital copy of this form to the mailing address and the e-mail address listed below (save as "Spiritual-Pastoral Recommendation - Applicant's Name"):**

HCM International  
PO Box 96  
Ashland, OH 44805

[direction@hcminternational.org](mailto:direction@hcminternational.org)

☐

This recommendation is confidential and to be withheld from the applicant.

☐

This recommendation may be shared with the applicant.

Signed

Title

Date

Thank you for participating in this process.



