

Letter of Reference for Clinical Pastoral Education

Name of Applicant:	Name of Reference Giver:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
E-Mail:	E-Mail:

Please complete this form, save or print, and (e)mail directly to:

Daniel H. Silberbusch, BCC, ACPE Certified Educator Director, Clinical Pastoral Education Chaplaincy Department, Maimonides Medical Center 4802 Tenth Avenue, Brooklyn, NY 11219

Office Tel: 718-283-8411 <u>dsilberbusch@maimonidesmed.org</u>

Please respond as candidly as possible. This reference will be kept confidential. Whether you recommend the person with or without hesitation, the information will help us understand the learning needs of the student. Do you recommend this person:

Yes, without hesitation	
Yes, with hesitation	
No, I do not recommend this person	

- 1. How long have you known the candidate and in what capacity?
- 2. Please evaluate the candidate's:
 - a. Effectiveness related to work, academics, spirituality, personal strengths?
 - b. Personal commitment to learning?
 - c. Maturity of faith and depth of spiritual development?
- 3. If you were hospitalized, how would you feel about him/her visiting you?



4. Please evaluate the candidate on the following scale:

	Excellent	Good	Average	Needs Growth	Much Needed	Not Observed
Intellectual Ability						
General Knowledge						
Job Perseverance						
Commitment to						
Learning						
Emotional Maturity						
Creativity						
Ability to Listen						
Crisis Management						
Communication						
Ability to Self-Reflect						

mmunication							
ility to Self-Reflect							
5. Please comment on any of the above.							
6. What do you thi (motivation, attitud			•	storal education?			
6. What advice wo you feel would be		_	_	oint in their educ	ational/career jou	rney that	
7. What else should them better to be n			person tha	t will help us to ui	nderstand and wo	rk with	

This reference is to be (e)mailed directly to Director of CPE by the reference giver.

Date: