

**Letter of Reference for Clinical Pastoral Education**

|  |  |
| --- | --- |
| ***Name of Applicant:***   | ***Name of Reference Giver:***    |
| Address:  | Address:   |
| City/State/Zip:  | City/State/Zip:   |
| Phone: 917-940-2111E-Mail:  | Phone: 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 dsilberbusch@maimonidesmed.org

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?

1. Please evaluate the candidate’s:

* 1. Effectiveness related to work, academics, spirituality, personal strengths?

* 1. Personal commitment to learning?

* 1. Maturity of faith and depth of spiritual development?

1. If you were hospitalized, how would you feel about him/her visiting you?



1. 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***  |   |   |   |   |   |   |

1. Please comment on any of the above.

1. What do you think of their plan to do clinical pastoral education?

(motivation, attitude, readiness, etc. for CPE.)

1. What advice would you give this person at this point in their educational/career journey that you feel would be most helpful or needed?

1. What else should we know about this person that will help us to understand and work with them better to be most helpful?

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

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