

*The ACPE Program*

## **REFERENCE FORM**

<p><b>Applicant's Information:</b> <i>(Please type or print)</i></p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>E-mail _____</p> <p><b>Application For:</b></p> <p><input type="checkbox"/> The Summer Unit (Full-time)</p> <p><input type="checkbox"/> The Extended Unit (Part-Time)</p> <p><input type="checkbox"/> The 12-Month Residency Program (Full-time)</p>	<p><b>Reference Giver's Information:</b></p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Relation to Applicant _____</p> <p>Position _____</p> <p>_____</p> <p>Phone _____</p> <p>E-mail _____</p>
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**Do you recommend this person:**

- ☐ Yes, without hesitation
- ☐ Yes, with hesitation or concerns
- ☐ No, I do not recommend this person

Dear Reference Provider, We ask that you respond as candidly as possible. If you are recommending the person with or without hesitation, we will use the information to help us evaluate the learning needs of the student in order to be as helpful as possible to him/her in the educational process. Thank you.

1. How long have you known the candidate, and in what capacity?
  
  
  
  
  
2. How would you say the candidate needs to grow in the following areas according to your experience of him/her? *(Please be as specific as possible, use examples)*
  - a. in his/her potential for pastoral effectiveness?
  
  
  
  
  
  - b. in his/her personal commitment to learning?
  
  
  
  
  
  - c. in his/her maturity of faith and depth of spiritual development?

3. In your experience, how does this person respond to others who are experiencing times of difficulty or challenge?

4. Please evaluate the candidate on:	Very Strong	Strong	Average	Needs Work	What strengths does this applicant need to develop in this area?
Intellectual ability/ General knowledge					
Common sense					
Job perseverance					
Emotional Intelligence					
Ability to listen attentively					
Ability to problem solve under stress					
Ability to handle conflict and stress					

5. Comment on the applicant's demonstrated motivation, attitude, and readiness for an intensive, experiential learning program.

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

7. What else should we know about this person that will help us to understand and work with him/her better to be most helpful?

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

Please return this form to the student in a sealed envelope with your signature over the seal.

You may also return it directly to: Karen Berdecia  
Registrar, Clinical Pastoral Education  
Pastoral Care & Education Department, Box 167  
NYP/WC  
525 East 68<sup>th</sup> Street  
New York, NY 10065

**Phone:** (212)746-6971 **E-mail:** kab9033@nyp.org

\*\*\*\*\***This reference will be kept strictly confidential.**\*\*\*\*\*