

## CPE Program Reference Form

### Mercy Health – St. Vincent Medical Center

Reference Name:	
Position:	
Phone:	
Email:	
Address:	

*Please return this reference form directly to the CPE program office, not to the candidate. This reference will be kept confidential. Questions? Call 419-251-4650*

Email:            kim\_mcclung@mercy.com                      Fax:    419-251-0890

Mail:            Kim McClung  
                    CPE Program Academic Coordinator  
                    Spiritual Care Department  
                    Mercy Health - St. Vincent Medical Center  
                    2213 Cherry Street  
                    Toledo, Ohio 43608

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Candidate Name: \_\_\_\_\_

*Please evaluate the candidate on the following scale (check the appropriate boxes):*

	Excellent	Good	Okay	Weak	Poor
Empathy / Compassion					
Perseverance / Resilience					
Emotional maturity					
Interpersonal skills					
Flexible / Adaptable					
Teamwork / Collaboration					
Reliable / Responsible					
Openness to difference					
Academic ability					
Professionalism					

*Please type or clearly print responses:*

1. How long have you known the candidate, and in what capacity?
  
2. How do you evaluate the candidate's:
  - a. potential for effectiveness in offering spiritual care?
  
  - b. personal commitment to growth and learning?
  
  - c. spiritual maturity / development?
  
3. If you were seriously ill and hospitalized, how would you feel about a spiritual care visit from this candidate?
  
4. What do you think of the candidate's plan to pursue clinical pastoral education? (e.g. motivation, attitude, readiness for an intensive program, etc.)
  
5. Please elaborate on any of the rankings you indicated on page 1:
  
6. Additional remarks and comments:

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