**Alberta Consortium for Supervised Psychospiritual Education (AC-SPE) Program**

**Clinical Psychospiritual Education (CPE) Program Letter of Recommendation Form**

1. **Applicant completes this first section and gives to the person providing the reference.**

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| **Reference Information** | | | | | |
| **Applicant’s Name** | Click here to enter text. | | | | |
| **Name of Person Providing Reference** | Click here to enter text. | | | | |
| **Relationship to the Applicant** | Click here to enter text. | | | | |
| **Program Application Information** | | | | | |
| **Program Timing** | | Intensive | | Extended (Sept-March) | |
| **Program Location** | | Calgary | | Edmonton | |
| **Program Starting Date** | | 2024 | 2025 | | 2026 |

1. **Individual providing the reference completes the following:**

The applicant named above has asked you to provide a reference for admission to the Clinical Psychospiritual Education (CPE) program indicated. A more detailed assessment is welcome, should you wish to provide it, but we request that you complete this form even if additional comments are attached. The applicant will not have access to your comments unless you provide her or him with a copy, and any information you disclose will be held in confidence within the AC-SPE Program Supervisory Team. Please share whatever you feel is important for us to know about the applicant. After completing the form, please forward it to the appropriate address below. **Please do not return the form to the applicant.**

Please direct correspondence to the Alberta Consortium for Supervised Psychospiritual Education (AC-SPE) CPE Intake Supervisor-Educator in either Southern or Northern Alberta:

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| --- | --- |
| **Intake Supervisor-Educator: Calgary and Southern Alberta** | **Intake Supervisor-Educator: Edmonton and Northern Alberta** |
| Rev. Kathy Marshall-Spate  Certified Supervisor-Educator (CASC/ACSS)  c/o Spiritual Care Services  Foothills Medical Centre  1403-29 Street NW Calgary, AB T2N 2T9  Phone: (403) 944-0945 [Kathy.Marshall-Spate@ahs.ca](mailto:Kathy.Marshall-Spate@ahs.ca) | Dr. Darlene Pranke  Certified Supervisor-Educator (CASC/ACSS)  c/o St. Stephens College  University of Alberta Campus 8810 – 112 Street Edmonton, AB T6G 2J6 Phone: (587) 785-1536 or 780 735-2204 [pranke@ualberta.ca](mailto:pranke@ualberta.ca) or [Darlene.Pranke@covenanthealth.ca](mailto:Darlene.Pranke@covenanthealth.ca) |

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| **How long have you know the applicant?** | Click here to enter text. |
| **In what capacity do you know the applicant?** | Click here to enter text. |

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| **Assessment** | | | | | | |
| **Please assess the applicant according to the following qualities, checking one column in each row that best describes this individual. An x will be marked when you click over top of the box.** | | | | | | |
| **Assessment Qualities** | **Demonstrates**  **Superior Performance** | **Demonstrates**  **Good Performance** | **Potential to Perform Well** | **Needs Training**  **and**  **Development** | **Limited Ability to Perform Well** | **Unable to Assess**  **or N/A** |
| **Oral Communication** |  |  |  |  |  |  |
| **Written Communication** |  |  |  |  |  |  |
| **Overall English Language Skills** |  |  |  |  |  |  |
| **Ease in Interpersonal Communication** |  |  |  |  |  |  |
| **Analytical/ Critical Thinking** |  |  |  |  |  |  |
| **Able to use Emotions in a Healthy way** |  |  |  |  |  |  |
| **Creativity** |  |  |  |  |  |  |
| **Dependability** |  |  |  |  |  |  |
| **Self-Awareness** |  |  |  |  |  |  |
| **Knowledge about Spirituality** |  |  |  |  |  |  |
| **Pastoral/**  **Spiritual Care Effectiveness** |  |  |  |  |  |  |
| **Leadership in the Workplace** |  |  |  |  |  |  |

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| **Summary** |
| **Please use the following space to comment on the above assessment of this applicant’s qualities and potential for success in the Clinical Psychospiritual Education (CPE) program.** |
| Click here to enter text. |
| Overall Assessment of this applicant. Please check one. |
| I recommend, without reservation, that this applicant be admitted to the program.  I recommend, with some hesitation, that this applicant be admitted to the program.  I do not recommend that this applicant be admitted to the program. |

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| **Contact information** | |
| **Signature:** | **Date:** Click here to enter a date. |
| **Printed Name:** Click here to enter text. | |
| **Position/title:** Click here to enter text. | |
| **Address:** Click here to enter text. | |
| **Email Address:** Click here to enter text. | |

Thankyou for providing this reference; we may be in contact with you should further detail or clarification be necessary.