

**Loyola University Medical Center / Department of Pastoral Care & Education**

2160 S. First Avenue / Maywood, IL 60153 / 708-216-9056 / FAX: 708-216-8294

\_\_\_\_\_, has applied to Loyola University Medical Center's CLINICAL PASTORAL EDUCATION program. Your name was given as a reference. We ask that you respond to the below questions on the back or on another page. Please return your observations by email, fax or to the address above in care of Jerry Kaelin. Your reply within two weeks of receiving this letter would be appreciated. (Please note the student waiver at the bottom of this form.) THANK YOU!

- 1. Please comment frankly on the applicant's general character and abilities.*
- 2. This applicant will work in hospital situations that will be stressful and interpersonally intense. Comment on any strengths/weaknesses in the applicant that might be relevant in these situations.*
- 3. Do you have any reservations about recommending this applicant to this program?*

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Name	Relationship	Date
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If we wanted to contact you:

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Address/City/State/Zip	Phone	Email
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**TO THE APPLICANT**

Your right to inspect and review admission recommendations after you are enrolled at Loyola Medical Center's CPE program is protected by Law. However, your signing the waiver below will help secure the recommender's fair appraisal.

**WAIVER OF RIGHTS UNDER THE FAMILY RIGHTS AND PRIVACY ACT OF 1974**

I hereby waive my right to inspect, review or to have access to the Recommendation Form when completed, provided that the information on the Recommendation is used solely in connection with my application for admission to Loyola's Clinical Pastoral Education Program.

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Signature of Applicant	Date
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Jim Creighton / ACPE & NACC Supervisor  
Jerry Kaelin / ACPE Associate Supervisor  
[jkaelin@lumc.edu](mailto:jkaelin@lumc.edu) / 708-216-3585