

SPIRITUAL FORMATION AND THE ART OF SPIRITUAL DIRECTION

PROFESSIONAL RECOMMENDATION

Dear Applicant:

Healing Care Ministries is concerned with your professional, spiritual and personal development. Please request a letter of recommendation (1-2 pages) from someone who knows you on a professional basis and can address your aptitude for ministry.

I waive the right to view this recommendation letter.

I reserve the right to view the recommendation letter.

Signed _____ Date _____

Please sign (typing = signing) above and e-mail this form to the person/group recommending you.

Dear Friend:

The individual who gave you these instructions is applying for the Certificate in Spiritual Formation and the Art of Spiritual Direction through Healing Care Ministries. A significant goal of the program is to help each applicant grow professionally in addition to his/her growth related to the process of spiritual formation and direction.

To help us encourage this applicant, please write (using the space below) a 1-2 page letter describing:

1. A brief history of the applicant's relationship with your organization/church (position and duties)
2. The strengths and contributions the applicant has brought to your organization/church
3. The most important contribution Spiritual Formation and Direction can make to the professional development of the applicant
4. Your insight and observations regarding the applicant's gifts and how these gifts relate to their ability to actively listen and thoughtfully respond in their interpersonal relationships

Please send a digital copy of this form to the e-mail address listed below (save as "Professional Recommendation - Applicant's Name"):

direction@hcminternational.org

This recommendation is confidential and should be withheld from the applicant.

This recommendation may be shared with the applicant.

Signed _____ **Title** _____ **Date** _____

Thank you for participating in this process.

