

PILOT STEP TWO PROCESS

SECTION III CERTIFICATION AS A CLINICAL SPECIALIST IN SPIRITUAL AND RELIGIOUS CARE

Subsection 5 STEP TWO: APPROVAL OF PAPERS

[NOTE: These standards revisions were approved by the Education Standards Commission in January 2009 and posted on the CAPPE/ACPEP website in May 2009. They are a recognized and valid process for achieving Certification as a CAPPE/ACPEP Specialist. They will be “piloted” from May 2009 through April 2011, with a view to becoming the “official” and only process commencing in May 2011. If you select this option for completing your Certification process, you will be asked to fill out a “Process Observation Feedback Form” after your certification review is complete. Completion of the feedback form is voluntary and will not influence the outcome of your certification review. Feedback on the process is seen as a means through which to achieve a more “polished” and integrated version of the revised Step Two standards.]

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1. Description of Step Two Process
2. Documentation
3. Competencies of a Clinical Specialist in Spiritual and Religious Care
4. Step Two Report Form

1. Description of Step Two Process

1. Upon receiving notification of the Review Team, the Candidate sends a full set of the required papers to each member of the Review Team.
2. Each Reviewer reads all the papers. The goal as the materials are read is to determine whether the candidate has demonstrated achievement of the required Competencies [See: Subsection 5, C (Competencies) and D (Report Form)].
3. Without consulting with the other Reviewers, each Reviewer independently completes a draft Step Two Report Form.
4. Within six (6) weeks of the arrival of the Candidate's papers, the Reviewers meet (face-to-face, or by phone or videoconference) and, working from their draft forms, complete the Step Two Report Form. The appointed Review Team Chairperson is responsible for ensuring that this meeting occurs within the six (6) week limit and for the completion of the Report Form.
5. If all competencies are demonstrated (i.e. all elements being assessed are “Minimally Demonstrated” and there is a total score of at least 60 points out of 100), the Review Team Chairperson negotiates with the Candidate and the Team an appointment for a face-to-face meeting, and the Candidate moves to Step Three.
6. Questions for discussion in Step Three are included on the Step Two Report Form.

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7. If there are two “0” scores appearing in up to two of the three professional papers, the paper or papers need(s) to be revised and the Candidate has up to 8 weeks to revise the paper(s) for those competencies and to re-submit.
8. If a total of two “0” scores appear in all three of the professional papers, or more than two “0” scores on any one paper, or the total score is less than 60 points out of 100, the candidate’s process is halted. This means that the current application process cannot proceed; certification is denied. [This information is communicated to the Certification Committee chairperson, who follows up with the candidate (See #11 below).]
9. Papers may be re-submitted once only and, upon re-submission, the Review Team again completes items #2, 3 and 4 above, ensuring that all competencies are now “Minimally Demonstrated” and there is a total score of at least 60 points out of 100 for the three Professional Papers. If this scoring standard is still not met, the Candidate’s process is halted. [This means that the current application process cannot proceed; certification is denied. This information is communicated to the Certification Committee chairperson, who follows up with the candidate. (See #11 below)]
10. For all Step Two reviews, the Step Two Report Form is transmitted (by fax or, preferably, electronically as a signed PDF file) to the Candidate and the Chairperson of the Certification Committee within twenty-four (24) hours of the Review Team’s meeting. As well, when papers are invited for re-submission, a Step Two Report form is transmitted for each process.
11. If the current application is halted, the completed Step Two Report Form is transmitted (by fax or, preferably, electronically as a signed PDF file) to the Chairperson of Certification only within twenty-four (24) hours of the Review Team’s meeting, and it is the responsibility of the Certification Chairperson to inform the candidate that his/her process cannot proceed and certification is denied.
12. When a candidate’s process is halted, opportunity is offered to the candidate to have a conversation with the review team for feedback regarding their assessment. This is not considered an appeal or grievance process, rather it is an opportunity for the review team to provide support and prospective input should the candidate wish to re-apply at a later date.
13. When a candidate’s process is halted and he/she chooses to reapply within one year, the re-application fee is half of the initial application fee.

2. Documentation

The Candidate shall submit the following Professional Papers and Supporting Documentation.

A. Professional Papers – These papers will be scored to a maximum total of 100 points. They will be weighted as indicated in brackets.

1. Integrative Professional Theory and Practice Paper [a maximum of 50 points out of 100]:
The candidate writes a 20-25 page paper (including scholarly references) using a standard style guide such as ones used by universities, seminaries, or the American Psychological Association (APA) [Note: The following web site offers information and down-loadable guides for standard styles such as – APA, Chicago, and MLA: <http://www.calstatela.edu/library/styleman.htm>]. The paper is to represent original work (i.e. selected theoretical content is not only referenced but also engaged/assessed, agreed/disagreed with, and reflected upon in relationship with the candidate’s lived experience) and gives evidence of an

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ability to integrate both theoretical and practical knowledge with identified competencies for this specialization. [See: Subsection 5, C (Competencies) and D (Report Form)]

2. Thoroughly Documented Case Study [a maximum of 30 points out of 100]:
The candidate writes up a thoroughly documented case study describing their **spiritual and religious care** of an individual or group. This study should include a description of the clinical context, background data about the patient/family, a **spiritual assessment**, **spiritual care strategies** and interventions, an analysis of the patient/family dynamics, verbatim sections that indicate the nature of the interaction, a summary of the candidate's closure/referral/continuing-involvement with the patient/family, and a reflective assessment of the candidate's strengths/limits and learning areas within this **spiritual and religious care** relationship.
3. Autobiographical Statement [a maximum of 20 points out of 100]:
The candidate writes a brief autobiographical statement that includes personal, family, educational and vocational (including CPE/PCE) history, a description of the candidate's self-understanding with linkages made to historical experiences, and a summary of **continuous threads** and/or **key transitions** in the candidate's learning process in CPE/PCE.

B. Supporting Documentation: These papers will not be scored. They will, however, be assessed with regard to whether or not there is new insight (i.e. additional to what the candidate has provided through the three Professional Papers) into the candidate's integration of competencies for Specialist in Pastoral Care.

1. Résumé of both professional employment and unpaid/volunteer **spiritual and religious care** experiences.
2. Three letters of reference from people who are in a position to comment on the candidate's professional practice. ministry. At least one reference must be a professional colleague in a discipline other than one's own **area of clinical specialization**.
3. A signed copy of each supervisor's evaluation and each self-evaluation from all advanced SPE education. These must be signed and dated by both supervisor and student to be valid.
4. A copy of all CAPPE/ACPEP issued certificates (for SPE units completed after May 2006).
5. A copy of all previous Regional Admitting Committee Report Forms from both streams, and a brief (500 words) discussion of the candidate's understanding of the written recommendations made on these reports, including work the candidate has done to respond to those recommendations. **** [see note at end of document]**
6. A copy of all previous Certification (Step One, Two, Three) Reports.
7. A copy of the Pre-Certification Mentor's Checklist and Report
8. A statement by the candidate certifying that he/she is not currently under investigation or in appeals process for any alleged violation of the Code of Ethics and Professional Conduct.
9. A self-assessment of these Step Two documents – i.e. the candidate completes the Step Two Report Form on him/her self.

3. Competencies of a Clinical Specialist in Spiritual and Religious Care

The candidate will be able to demonstrate the following competencies.

1. Ability to demonstrate self-awareness to a degree that **spiritual and religious care** can be offered within the full spectrum of one's personal/professional strengths and limitations. This includes awareness of personal and professional boundaries as well as a commitment to self-care, spiritual growth, and ongoing self-awareness with the benefits of therapeutic support when indicated. It also includes the cultivation of **reflective skills** through

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which to integrate theoretical as well as practical knowledge of spiritual and religious care – i.e. being able to reflect on one's life and work, observe what one did and/or did not do, recognize one's motivations, and assess outcomes.

2. Ability to listen to multi-dimensional communication, relational dynamics, and spiritual care implications that arise with patients/clients, families, staff as well as within the clinical context or environment. This includes the ability to notice and respect differences of culture, gender, sexual orientation, age, physical/emotional challenge, spiritual/religious practice, etc. It also includes the ability to differentiate acute vis-à-vis chronic concerns and to identify elements of trauma, grief, shock, dissociation, coping, and potentiality, etc.
3. Ability to assess spiritual and religious needs, formulate appropriate spiritual care plans, implement these plans in a manner that respects the physical/emotional/spiritual boundaries of others, and evaluate clinical outcomes for further assessment/planning/implementation/evaluation.
4. Ability to assess, in oneself and in others, optimal ethical behaviour and professional conduct. This includes awareness of and responsibility for the appropriate use of the positional power entrusted to spiritual care providers by patients/clients, families and staff because of their role or office. It also includes awareness of other dimensions of power that may be operative in spiritual care relationships (such as age, gender, sexual orientation, race, cultural background, professional status, access to information, life circumstance, etc.) and the ability to assess both power sources as well as risk factors based on power vulnerabilities.
5. Ability to provide spiritual and religious care that is sensitive, open and respectful; that contributes to the well being of patients/clients, families and staff; and embodies qualities of compassionate care and relational integrity.
6. Ability to collaborate within a multidisciplinary healthcare team by drawing on one's personal as well as professional identity and expertise as a spiritual and religious care provider in facilitating optimal responsiveness to patients/clients/families/staff – i.e. knowing when to advocate, make referrals, provide follow-up care, document spiritual care interventions, and/or offer peer/staff support.
7. Ability to facilitate learning in diverse ways – including provision of information, process facilitation, provision of spiritual/religious resources, spiritual/religious/theological reflection, etc.
8. Ability to both function in and exercise leadership through administrative structures of accountability, responsible use of human and financial resources, legislative policies/protocols (privacy, safety, security, confidentiality, etc), and professional duties/responsibilities.
9. Ability to write in the field of spiritual and religious care (e.g. thesis/dissertation, reflective/poetic/creative writing, scholarly articles, etc.) addressing any or all of the following topic areas: spiritual/theological/religious literature, ethical issues in spiritual/religious care, various theoretical orientations to spiritual care, critical reflection on diverse philosophies of spiritual care that are integrated with practical theories of spiritual care provision, clinical methodologies that reflect knowledge and use of the human sciences – including psychological and sociological disciplines, awareness of multi-faith and multicultural diversity, and an awareness of human development, group dynamics and organizational behaviours. [Suggestions (these are not exhaustive) for weighing degrees of greater/lesser competence include the following: Getting a high grade on an academic paper, having one's thesis/dissertation approved by one's academic degree program, having a manuscript accepted for publication, having a colleague say "You should try to publish that", having a colleague/friend/client say "I've learned something new by reading that." etc.]

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10. Ability to read and use relevant qualitative/quantitative research to inform one's professional practice in spiritual and religious care. [Suggestions (these are not exhaustive) for weighing degrees of greater/lesser competence include the following: Reading and/or critiquing and/or discussing with colleagues two to three research articles each year; asking researchable questions within the context of one's clinical practice, discussing researchable questions with colleagues in order to determine an appropriate research methodology for answering one's question, collaborating with colleagues in writing a research proposal, having a proposed research project reviewed by an institutional ethics review board (e.g. within an academic or health institution), carrying forward a research project (e.g. design, analysis of findings and write-up of research results), writing a research article for publication, having one's research article accepted for publication, discussing the degree to which one is becoming a research-informed spiritual and religious care practitioner, etc.]

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4. Step Two Report Form

Information about the Candidate

Name: _____

Address: _____

Phone: _____

Email: _____

INFORMATION ABOUT THE REVIEW TEAM

	Name	Certification	Signature:
Chair:	_____	_____	_____
Member:	_____	_____	_____
Member:	_____	_____	_____

REVIEW TEAM REPORT

Date Materials Received by Review Team Members: _____

Date Report Completed: _____

Did the Review Team meet: _____ face to face or _____ by video conference or _____ by teleconference?

YES/NO Did the candidate provide a statement certifying that he/she is not currently under investigation or in appeals process for any alleged violation of the Code of Ethics and Professional Conduct?

YES/NO Did the candidate provide a self-assessment of his/her Step Two papers by completing and submitting Section A and B of this Step Two Report form?

Is this (select one):
 _____ the first scoring of all documents.
 _____ re-scoring of (list documents. Note that documents may be re-scored once only) _____

Demonstration of Competencies (select one):

_____ All competencies were demonstrated; the candidate may proceed to Step Three.

Date and Location of Step Three meeting _____

Questions to begin the Step Three meeting (use additional sheet if necessary):

_____ If there are two "0" scores appearing in up to two of the three professional papers, the paper or papers need(s) to be revised and the Candidate has up to 8 weeks to revise the paper(s) for those competencies and to re-submit.

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_____ If a total of two “0” scores appear in all three of the professional papers, or more than two “0” scores appear on any one paper, or the total score is less than 60 points out of 100, the candidate’s process is halted. This means that the current application process cannot proceed; certification is denied. [This information is communicated to the Certification Committee chairperson, who follows up with the candidate.]

Date This Report Form Faxed to the Candidate:

_____ dd /mm/yyyy

Date This Report Form Faxed to the Chair of Certification:

_____ dd/mm/yyyy

Except for signatures, please print.

A. PROFESSIONAL PAPERS:

For each of the three **Professional Papers** you are asked to score the degree to which the element described in the left column is demonstrated in the paper. Write a number for each element being assessed on the appropriate line in the right column (either 0, 1, 2, or 3) using the following scale:

- 0 = Not Demonstrated: There is no clear or congruent evidence of the integration of this competency in the candidate’s theoretical writing and/or practical self-reflections.
- 1 = Minimally Demonstrated: The candidate’s theoretical writing and/or practical self-reflections include demonstration of this competency – but there is a lack of congruence between theory and/or practice and/or self-awareness that indicates the competency is not well integrated.
- 2 = Well Demonstrated: There is clear and congruent evidence of the integration of this competency in the candidate’s theoretical writing and practical self-reflections.
- 3 = Demonstrated with Excellence: The candidate’s written theoretical and practical reflections on this competency are clearly of an excellent quality, indicating a high degree of self-awareness as well as integration in the candidates personal/professional identity and functioning.

1. Integrative Professional Theory and Practice Paper [maximum score: 50 points out of 100]

Element being assessed:	Score:[0, 1, 2, or 3]
1. The paper consists of no more than 25 typed pages (including references), is double-spaced, written in accordance with a standard style guide (such as ones used by universities, seminaries, or the American Psychological Association/APA), and is well annotated with adequate scholarly references.	1. _____
2. The paper represents original work (i.e. selected theoretical content is not only referenced but also engaged/assessed, agreed/disagreed with, and reflected upon in relationship with the candidate’s lived experience).	2. _____
3. The paper demonstrates the candidate’s ability to integrate both theoretical and practical knowledge of the following identified competencies for a Specialist in	

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<p>Pastoral Care:</p> <p>3.1 Ability to demonstrate self-awareness to a degree that spiritual and religious care can be offered within the full spectrum of one's personal/professional strengths and limitations. This includes awareness of personal and professional boundaries as well as a commitment to self-care, spiritual growth, and ongoing self-awareness with the benefits of therapeutic support when indicated. It also includes the cultivation of reflective skills through which to integrate theoretical as well as practical knowledge of spiritual and religious care – i.e. being able to reflect on one's life and work, observe what one did and/or did not do, recognize one's motivations, and assess outcomes.</p> <p>3.2 Ability to listen to multi-dimensional communication, relational dynamics, and spiritual care implications that arise with patients/clients, families, staff as well as within the clinical context or environment. This includes the ability to notice and respect differences of culture, gender, sexual orientation, age, physical/emotional challenge, spiritual/religious practice, etc. It also includes the ability to differentiate acute vis-à-vis chronic concerns and to identify elements of trauma, grief, shock, dissociation, coping, and potentiality, etc.</p> <p>3.3 Ability to assess spiritual and religious needs, formulate appropriate spiritual care plans, implement these plans in a manner that respects the physical/emotional/spiritual boundaries of others, and evaluate clinical outcomes for further assessment/planning/implementation/evaluation.</p> <p>3.4 Ability to assess, in oneself and in others, optimal ethical behaviour and professional conduct. This includes awareness of and responsibility for the appropriate use of the positional power entrusted to spiritual care providers by patients/clients, families and staff because of their role or office. It also includes awareness of other dimensions of power that may be operative in spiritual care relationships (such as age, gender, sexual orientation, race, cultural background, professional status, access to information, life circumstance, etc.) and the ability to assess both power sources as well as risk factors based on power vulnerabilities.</p> <p>3.5 Ability to provide spiritual and religious care that is sensitive, open and respectful; that contributes to the well being of patients/clients, families and staff; and embodies qualities of compassionate care and relational integrity.</p> <p>3.6 Ability to collaborate within a multidisciplinary healthcare team by drawing on one's personal as well as professional identity and expertise as a spiritual and religious care provider in facilitating optimal responsiveness to patients/clients/families/staff – i.e. knowing when to advocate, make referrals, provide follow-up care, document spiritual care interventions, and/or offer peer/staff support.</p> <p>3.7 Ability to facilitate learning in diverse ways – including provision of information, process facilitation, provision of spiritual/religious resources, spiritual/religious/theological reflection, etc.</p>	<p>3.1 _____</p> <p>3.2 _____</p> <p>3.3 _____</p> <p>3.4 _____</p> <p>3.5 _____</p> <p>3.6 _____</p> <p>3.7 _____</p>
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<p>3.8 Ability to both function in and exercise leadership through administrative structures of accountability, responsible use of human and financial resources, legislative policies/protocols (privacy, safety, security, confidentiality, etc), and professional duties/responsibilities.</p>	<p>3.8 _____</p>
<p>3.9 Ability to write in the field of spiritual and religious care (e.g. thesis/dissertation, reflective/poetic/creative writing, scholarly articles, etc.) addressing any or all of the following topic areas: spiritual/theological/religious literature, ethical issues in spiritual/religious care, various theoretical orientations to spiritual care, critical reflection on diverse philosophies of spiritual care that are integrated with practical theories of spiritual care provision, clinical methodologies that reflect knowledge and use of the human sciences – including psychological and sociological disciplines, awareness of multi-faith and multicultural diversity, and an awareness of human development, group dynamics and organizational behaviours. [Suggestions (these are not exhaustive) for weighing degrees of greater/lesser competence include the following: Getting a high grade on an academic paper, having one’s thesis/dissertation approved by one’s academic degree program, having a manuscript accepted for publication, having a colleague say “You should try to publish that”, having a colleague/friend/client say “I’ve learned something new by reading that.” etc.]</p>	<p>3.9 _____</p>
<p>3.10 Ability to read and use relevant qualitative/quantitative research to inform one’s professional practice in spiritual and religious care. [Suggestions (these are not exhaustive) for weighing degrees of greater/lesser competence include the following: Reading and/or critiquing and/or discussing with colleagues two to three research articles each year; asking researchable questions within the context of one’ clinical practice, discussing researchable questions with colleagues in order to determine an appropriate research methodology for answering one’s question, collaborating with colleagues in writing a research proposal, having a proposed research project reviewed by an institutional ethics review board (e.g. within an academic or health institution), carrying forward a research project (e.g. design, analysis of findings and write-up of research results), writing a research article for publication, having one’s research article accepted for publication, discussing the degree to which one is becoming a research-informed spiritual and religious care practitioner, etc.]</p>	<p>3.10 _____</p>
<p>SCORING: First, add all of the numbers in the right hand column to get a raw score. Raw Score = _____ (out of a maximum of 36 points) Second, multiply the raw score by 1.39 in order to get the final score. Subtotal Score: _____ (out of a maximum of 50 points)</p>	

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2. Thoroughly Documented Case Study [maximum score: 30 points out of 100]

Element being assessed:	Score:[0, 1, 2, or 3]
4. There is a description of the clinical context.	4. ____
5. Background data about the patient/family is provided.	5. ____
6. There is evidence of spiritual/religious assessment.	6. ____
7. There is evidence of spiritual care strategies and interventions	7. ____
8. There is evidence of an analysis of the patient/family dynamics	8. ____
9. There are verbatim sections that indicate the nature of the spiritual care interaction	9. ____
10. There is a summary of the candidate's closure/referral/continuing-involvement with the patient/family	10. ____
11. There is a reflective assessment of the candidate's strengths/limits and learning areas within this spiritual/religious care relationship.	11. ____
12. There is evidence of spiritual/theological/philosophical/behavioral sciences reflection on the spiritual/religious care experience.	12. ____
13. There is evidence of multidisciplinary team involvement, professional collaboration/communication/documentation.	13. ____
<p>SCORING: Add all of the numbers in the right hand column to get the Subtotal Score.</p> <p>Subtotal Score: ____ (out of a maximum of 30 points)</p>	

3. Autobiographical Statement [maximum score: 20 points out of 100]

Element being assessed:	Score:[0, 1, 2, or 3]
14. There is evidence of personal narrative (i.e. personal, family, educational and vocational history, including SPE history).	14. ____
15. There is evidence of an awareness of how personal narrative may have shaped the candidate's personal and professional identity	15. ____
16. There is evidence of an awareness of how personal narrative can or might be	16. ____

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expressed in spiritual/religious care interventions	
17. There is evidence of awareness of personal and professional boundaries	17. ____
18. There is evidence of self-awareness to a degree that spiritual/religious care can be offered within the full spectrum of personal/professional strengths and limitations.	18. ____
19. There is evidence of commitment to self-care, spiritual growth, and ongoing self-awareness with the benefits of therapeutic support when indicated.	19. ____
20. There is evidence of the cultivation of reflective skills through which to integrate theoretical as well as practical knowledge of spiritual and religious care – i.e. being able to reflect on one’s life and work, observe what one did and/or did not do, recognize one’s motivations, and assess outcomes.	20. ____
21. There is a summary of continuous threads and/or key transitions in the candidate's learning process in CPE/PCE.	21. ____
SCORING:	
First, add all of the numbers in the right hand column to get a raw score.	
Raw Score = ____ (out of a maximum of 24 points)	
Second, multiply the raw score by .835 in order to get the final score.	
Subtotal Score: ____ (out of a maximum of 20 points)	

Total Score: In order to arrive at a total score for the three Professional Papers, add all three of the Subtotal Scores

Integrative Theory Paper + Case Study + Autobiographical Statement
 ____ (out of 50) ____ (out of 30) ____ (out of 20) **Total = ____ (out of 100)**

B. SUPPORTING DOCUMENTATION

For each of the **Supporting Documents** you are asked to indicate whether or not there is new insight (i.e. additional to what the candidate has provided through the three Professional Papers) into the candidate’s integration of competencies for certification as a **Clinical Specialist in Spiritual and Religious Care** by commenting in the space provided about how this insight addresses a particular competency or competencies demonstrated by the candidate.

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<u>Supporting Documents</u>	<u>New Insight into Candidates Degree of Integration</u> For those documents that offer new insight, please comment on how this insight addresses a particular competency or competencies demonstrated by the candidate.
Résumé	
Three Letters of Reference	
Advanced #1 – Self-evaluation	
Advanced #1 – Supervisor’s evaluation	
Advanced #2 – Self-evaluation	
Advanced #2 – Supervisor’s evaluation	
[If applicable] Advanced #3 – Self-evaluation	
[If applicable] Advanced #3 – Supervisor’s evaluation	
All previous Regional Admitting Committee Report Forms from both streams	
[If applicable] A copy of all previous Certification (Step One, Two, Three) Reports	
Brief (500 words) discussion of the candidate’s understanding of the written recommendations made on the above report including work the candidate has	

