

PEDIATRIC CHAPLAINS INSTITUTE

Application for October 2017

Name			
Date of Birth	(needed for processing clearance/visitor badge for hospital access)		
Current Employer And Position			
Expected Employer And Position at Time of Training	Same <input type="checkbox"/> Other <input type="checkbox"/> (please describe)		
Work Address		Home Address	
Work Phone		Home Phone	
Work Email		Home Email	
Supervisor's Name And Title		Supervisor's Phone	Supervisor's Email
Educational Background			
Clinical Experience			
What are your expectations Of PCI? What do want to learn?			
What do you believe is Your learning style?			
How adept are you with online learning? What sort of help might you need or want?			
Do you desire A scholarship to offset tuition? Write a statement of need and the Amount you would like to receive.			
Emergency Contact Information			
Food needs (e.g. kosher/halal) or food or other allergies?			
Date Submitted			
After completing this form please save it to your computer, then email it as an attachment to the PCI Dean, Rev. Kathleen Ennis-Durstine at: kennisdu@childrensnational.org			