

# PEDIATRIC CHAPLAINS INSTITUTE

## Application for November 2018

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