

# ***BIPACT***

Brookhaven Institute for Psychoanalysis & Christian Theology

## REFERENCE FORM

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For the APPLICANT

This reference form is to help us understand you and your potential as a candidate at BIPACT. Please send this form to two professional references (supervisors, colleagues, mentors) and one ministerial reference (or someone familiar with your spiritual journey).

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Applicant's Name	Telephone Number
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Address	City	State	Zip
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Type of Reference     Professional                       Ministerial

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For the EVALUATOR

The above named individual is applying for advanced psychoanalytic training. A candid and thorough assessment of this person's professional work/potential and their character is invaluable to the admissions process. In the space provided, including the back of this form, please discuss:

- How long and in what capacity you have known the applicant
- Your impressions of this applicant as a psychotherapist/counselor
- Your observations and understandings of this person's character

***(Continued on Reverse)***

Please provide your recommendation regarding this applicant:

I highly recommend without reservation

I recommend with reservation (please explain reservations in your comments)

I do not recommend (please provide reasoning in your comments)

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Evaluator's Name(Print)	Phone Number	Email
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Organization	Position/Occupation
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Address	City	State	Zip
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Signature of Evaluator	Date
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Please return this form to: **BIPACT, P.O. Box 425, Fogelsville, PA 18051**