**Dr. R. Neal Siler, Founder/President**

Dear Applicant:

Enclosed is the application for the Certificate Program in Formational Prayer Ministry. This packet of materials contains all the information you need regarding the standards, costs, and requirements necessary for the Certificate Program in Formational Prayer. This packet includes:

1. The written application and a written Christian faith narrative form.

2. The letters of recommendation forms.

There is an instruction sheet that will guide you through the application process. Also, the instructions are given for writing your Christian faith narrative. In addition, there are instructions to give to the individuals who will write your recommendations.

When you complete the application packet, you will need to return all of your forms to:

The Healing Place

Center for Counseling and Spiritual Formation

Attention: Rev. Marlene Fuller

8150 Walnut Grove Road

Mechanicsville, Virginia 23111

Should you need any assistance or have any questions please call The Healing Place at 804.730.1348.

God bless you in your pursuit of excellence in ministry to God’s people. It is such an honor for us to partner with you in your growth and development for His glory. We look forward, with great anticipation, to our shared journey.

Sincerely,

Dr. Marlene V. Fuller, Coordinator

Certificate in Formational Prayer Program

Dr. R. Neal Siler, Founder/President

The Healing Place Center for Counseling and Spiritual Formation

**Dr. R. Neal Siler, Founder/President**

A P P L I C A T I O N P R O C E D U R E

You are beginning a process that will ultimately provide you with a certificate in formational

prayer. This is an important step toward your ministry to God’s broken people. Be assured that we take this commitment to serve your personal and professional growth with the utmost seriousness.

To complete the process, you will need to provide the following:

* The application form
* A written Christian faith narrative
* A professional recommendation
* A spiritual recommendation
* A family/friend recommendation
* Applicant’s picture (jpeg or hard copy)
* $50.00 application fee
* $600.00 program fee

The application does have a deadline. After acceptance into the certificate program, there will be an orientation to coordinate your journey. Orientations will be held twice a year and the deadlines have been planned to support this process. Please indicate when you prefer to begin the program on the application.

🞏September Start (deadline June 1) 🞏March Start (deadline January 1)

An application is considered submitted once ‘all’ required documents and the application fee have been received. Once an applicant is accepted, you will receive a confirmation letter and list of required workshops, readings, and reflection papers to complete.

Explanations of each required application document are included in the enclosed material. If you have further questions, please call the Healing Place at 804.730.1348.

Send all material to:

**The Healing Place**

**Center for Counseling and Spiritual Formation**

**Attention: Rev. Marlene Fuller**

**8150 Walnut Grove Road**

**Mechanicsville, VA 23111**

APPLICATION FOR CERTIFICATE PROGRAM

Application Fee: $50

Late Fee: $10 (starting at the 10th day after the deadline)

*Application fees are non-refundable.*

Please Select One Option:

🞏September Start (deadline June 1) 🞏March Start (deadline January 1)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Title

Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For Clergy: Ordained \_\_\_ Yes \_\_\_ No

Church affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Pastor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church/pastor e-mail/phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date attended basic Formational Prayer Seminar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional information: Date of birth \_\_\_\_\_\_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_ Female \_\_\_

**TO BE COMPLETED BY THE HEALING PLACE CENTER FOR COUNSELING AND SPIRITUAL FORMATION**

Application received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application fee paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s picture\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family/friend recommendation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional recommendation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spiritual recommendation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Written Christian faith narrative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notification of acceptance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

In the order attended, list the seminaries, universities and graduate schools in which you have been enrolled.

School & Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course of Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School & Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School & Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course of Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain the relationship of your past education with your current **desire** to receive a Certificate in

Formational Prayer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MINISTRY EXPERIENCE**

What church vocation and/or ministry experience have you had?

Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where and how employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where and how employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where and how employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What experience have you had with formational and/or inner healing prayer?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**WORK EXPERIENCE**

What business and occupational experience have you had?

Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where and how employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where and how employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where and how employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CH R I S T I AN FA I T H NA R R AT I V E

Dear Applicant:

Please prepare a written Christian faith narrative that is three-to-five pages in length. The purpose of this exercise is to help us get acquainted with you. Do not merely answer questions, but using the following for your Christian faith narrative:

Write about your Christian faith journey.

* Describe your spiritual formation and conversion – your initial sense of awareness of God.
* When were you baptized and with what churches/denominations have you been connected since your baptism?
* What is the church and denomination of your present membership?
* What is your role in the life of that congregation?
* Are you ordained or licensed (when)? To what special form of Christian service do you at present wish to devote your life?
* What encouragement have you received from family or significant friends for your desire to serve in the formational prayer caregiving ministry?
* How do others perceive your abilities and qualities for this ministry?
* Describe your strengths, growth areas and places of struggle as they may affect you personally and in ministry.
* Where do you sense God working most powerfully in your life at present?
* What are your future hopes and aspirations for ministry?

When you have completed your composition, please send it to:

The Healing Place Center for Counseling and Spiritual Formation

Attention: Rev. Marlene Fuller

8150 Walnut Grove Road

Mechanicsville, Virginia 23111

PROFESSIONAL RECOMMENDATION

Dear Applicant:

Please request a letter (1-2 pages) of recommendation from your church and/or employer.

\_ I waive the right to view this recommendation letter.

\_ I reserve the right to view the recommendation letter.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please give this form to the person/group recommending you.**

Dear Friend:

The individual who gave you these instructions is applying for the Certificate in Formational Prayer, through The Healing Place Center for Counseling and Spiritual Formation. A significant goal of the program is to help each applicant grow professionally.

To help us encourage this applicant, please write 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 Formational Prayer can make to the professional development of the applicant.

4. Your insight and observations regarding this individual’s gifts and how these gifts relate to

helping people who are hurting.

Please send this form and a copy of your letter to:

The Healing Place Center for Counseling and Spiritual Formation

Attention: Rev. Marlene Fuller

8150 Walnut Grove Road

Mechanicsville, Virginia 23111

\_ This recommendation is confidential and to be withheld from the applicant.

\_ This recommendation may be shared with the applicant.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for participating in this process.

S P I R I T U A L R E C OMME N DAT I O N

Dear Applicant:

The Healing Place Center for Counseling and Spiritual Formation is concerned with your professional and your personal development. Your spiritual formation is important to us. Please

request a letter of recommendation (1-2 pages) from someone you respect who knows you spiritually.

\_ I waive the right to view this recommendation letter.

\_ I reserve the right to view the recommendation letter.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please give this form to the person/group recommending you.**

Dear Friend:

The individual who gave you these instructions is applying for the Certificate in Formational Prayer through The Healing Place Center for Counseling and Spiritual Formation. A significant

goal of the program is to help each applicant grow on his or her own spiritual journey.

To help us encourage and mentor this applicant, please write a 1-2 page letter describing:

1. The evidence of his/her faith in life.

2. The potential for his/her spiritual growth.

3. The impact of his/her spiritual influence.

Please send this form and a copy of your letter to:

The Healing Place Center for Counseling and Spiritual Formation

Attention: Rev. Marlene Fuller

8150 Walnut Grove Road

Mechanicsville, Virginia 23111

\_ This recommendation is confidential and to be withheld from the applicant.

\_ This recommendation may be shared with the applicant.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for participating in this process.

FAMILY/FRIEND RECOMMENDATION

Dear Applicant:

Please request a letter (1-2 pages) of recommendation from a family member and/or friend.

\_ I waive the right to view this recommendation letter.

\_ I reserve the right to view the recommendation letter.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please give this form to the person recommending you.**

Dear Family Member/Friend:

The individual who gave you these instructions is applying for the Certificate in Formational Prayer through The Healing Place Center for Counseling and Spiritual Formation.

To help us encourage and mentor this applicant, please write a 1-2 page letter describing:

1. Your relationship to the applicant.

2. Your evaluation of the applicant’s relationship with the Lord.

3. Your opinion on the degree to which the applicant will receive support as he or she undertakes the process of certification.

Please send this form and a copy of your letter to:

The Healing Place Center for Counseling and Spiritual Formation

Attention: Rev. Marlene Fuller

8150 Walnut Grove Road

Mechanicsville, Virginia 23111

\_ This recommendation is confidential and to be withheld from the applicant.

\_ This recommendation may be shared with the applicant.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for participating in this process.