

**Lay Hospital Chaplaincy Program
Episcopal Diocese of Pennsylvania**

Hospital Lay Chaplaincy Program – Candidate Form

Candidate’s Name (please print): _____

Address: _____

City: _____ ST: _____ Zip: _____

Best Phone number: _____
(With area code)

Hospital name: _____

Parish: _____

Clergy (please print): _____

Clergy (Signature): _____

Approval: See Lay Hospital Chaplaincy Program Clergy Guidance Brochure to respond to the following items. It can be found at: <https://stdavidchurch.org/wp-content/uploads/2019/08/Lay-Chaplaincy-Program-for-Clergy.pdf>

Check if Yes: **1** **2** **3** **4** **5** **6** Need Work: for all items not checked as yes please provide recommendations below on each item that is not yes. (note 1, 2, & 4 must be yes)

If necessary use additional sheets:

Version 2020V1 –

The questions below are how your clergy person will evaluate you and check the six boxes on the other side of this document. This will help the programs educators to tailor the training to your specific needs.

Clergy review Questions

1. **Does this applicant have great pastoral skills with the members of the parish?**
2. **Does this applicant keep confidential information provided to them by members of the congregation to themselves?**
3. In addition to question 2. When this applicant discovers others know a secret, do they continue to keep the secret?
4. **If you were hospitalized and had not notified anybody in your congregation, would you be confident that this applicant would not share that information unless you specifically gave him/her permission to share the information?**
5. When sharing information in a pastoral educational setting; is this applicant able to keep the identity of the applicant from being exposed when sharing pastoral solutions to others?
6. Is this applicant more of a listener than a talker?

Next Steps

If you answered Yes to all of the clergy questions above then this is an ideal candidate.

Questions 1 and 2 must be yes based on HIPAA¹ which is explained in the clergy training pamphlet or it can be found at <https://stdavidchurch.org/hospital-lay-chaplaincy-program/>.

Question 3 illustrates a potentially difficult situation that is carefully examined during the program with reinforcement about the importance of confidentiality throughout the process. Some struggle with keeping secrets when they discover others know the secret, but in this case, it is critical that they continue to maintain this confidentially. If you answer “no” to this question, you must share with the applicant that they must work on this area as well as make a notation in your recommendation that this is an area that needs to be worked on.

Question 4 must have a response of “yes” because, in a hospital setting, it is a direct violation of HIPAA¹ for any individual to share information about another person (patient) without that person’s permission especially when the patient does not want this to be shared.

Questions 5 and 6 are similar to 3 above, however, as part of the program there will be many opportunities to learn from others through the exercises. If you answer “no” to this question, you must share with the applicant that they must work on this area as well as make a notation in your recommendation that this is an area that needs to be worked on as a program participant.



Hospital Lay Chaplain Program Application Form

For more information contact:

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