

Pastoral Services Office Use Only:

Schedule: On Call Scheduled PRN Other Days: _____

Interview Complete Background Check Complete Original Competency Review Complete

Directory Information

Name: _____

Mailing address: _____ City: _____ ST: _____

Country & ZIP: _____ Email: _____

HmPh: _____ WkPh: _____ Fax: _____ Cell Phone _____

Permanent address: _____ City: _____ ST: _____

ZIP: _____ Country: _____ Alt Email: _____

Denomination/Faith Group Affiliation: _____

Jurisdiction/District/Diocese/Conference/Assoc: _____

Jurisdictional Authority (name/title): _____

Local Church & Ministry Position: _____

Ordained/Licensed/Appointed: _____ Date: _____

College: Degree/Date: _____

Seminary: Degree/Date: _____

Grad Schl: Degree/Date: _____

CPE Dates: _____ Center _____ Supervisor _____

References

Faith Community/Church Reference (Name/Title, e.g. Pastor): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Denominational Reference (if clergy, applicant, name/title): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Personal Reference (name/relationship): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Signature of applicant: _____ **Date:** _____

Please send your completed application materials to:
McLeod Regional Medical Center | Department of Pastoral Services
PO Box 100551 Florence, SC 29502-0551
Phone: 843-777-2119 Fax: 843-777-2125