



The West Virginia Institute for Spirituality
1601 Virginia Street East
Charleston, WV 25311
304-345-0926 (main) 304-345-8206 (fax)
Email: wviscr@aol.com

**SPIRITUAL DIRECTION CERTIFICATION TRAINING PROGRAM
APPLICATION FORM**

NAME: _____ DATE: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____ CELL PHONE _____

WORK PHONE: _____ HOME PHONE _____

Provide Educational Background:

With whom have you discerned your readiness for training as a spiritual director?

Spiritual Direction:

Are you presently receiving individual spiritual direction? _____, if yes how long have you been in individual spiritual direction? _____

Have you made a 30 day retreat? ____ If yes, when _____

Have you completed a full year 19th Annotation Retreat? _____ If yes, when _____

On the back of this form: Write about yourself including your life journey – what has led you to this decision. Describe your retreat experience. What gifts do you bring to the spiritual direction ministry?

This completed form is to be returned to the attention of: Sr. Carole Riley, CDP, Ph.D.

NOTE: This form, 3 letters of recommendation, and your interview must be completed by August 1.