



The West Virginia Institute For Spirituality
1601 Virginia Street, East
Charleston, WV 25311
Phone: (304)-345-0926 **Fax:** (304)-345-8206 **Email:**
wviscr@aol.com
www.wvis.org

CERTIFICATE FOR SUPERVISION
APPLICATION FORM

Name : _____ Date: _____

Address: _____

_____ Home Phone No: _____

Email: _____ Cell Phone No: _____

Current Position/Occupation _____

Religious Denomination _____

Send two letters of recommendation (Sample Forms included)

Recommendation # 1 (A person of your choice)

Recommendation # 2 (A person in a supervisory capacity – familiar with your faith journey)

Send two letters documenting your experience in facilitating directed retreats)

Please have all letters of recommendation sent to:

The West Virginia Institute for Spirituality
Sr. Carole Riley, CDP, Executive Director
1601 Virginia Street, E.
Charleston, WV 25311

Or all letters of recommendation can be e-mailed to: Sr. Carole Riley, CDP, Executive Director at wviscr@aol.com

Provide the following information and include a recent photograph of yourself. Please write your name on the back of the photo.

Educational Background (including degrees and fields of concentration)

What gifts, character traits and skills do you bring to the ministry of supervision of spiritual directors? What do you identify as your strengths?

1. List the name of the Institution that granted you a certificate of completion for Spiritual Direction.

2. What year did you complete your certificate training? _____
Candidates for the Supervision Certificate are required to have a minimum of three years experience in directing prior to enrolling for the supervision certificate.

3. As a Spiritual Director, I have received on-going supervision of my work? _____ Yes _____ No
If yes, please state length of time _____

4. What are your reasons for applying for a certificate of supervision?

5. Number of current directees? _____

6. Do you provide long term spiritual direction? _____

7. Do you provide retreats? If so, please describe the types of retreats you offer? _____

8. Names of Supervisors to date:

9. Please include a copy of your certificate for spiritual direction with this application.

10. E-mail Sr. Carole Riley wviscr@aol.com to set up an interview.



**The West Virginia Institute for Spirituality
Sr. Carole Riley, CDP, Executive Director
1601 Virginia Street, E.
Charleston, WV 25311**

Letter of Recommendation

This letter is written on behalf of _____
who is applying for participation in an advanced certificate for supervision at The West Virginia Institute for Spirituality,
Charleston, WV.

Please comment on your reasons for recommending this person for participation in this educational program. Include
pertinent information which will be helpful for us as we facilitate this person's study.

If you wish, you can e-mail this letter of recommendation to Sr. Carole Riley, CDP, Executive Director: wwiscr@aol.com

Name: _____

Date: _____

Address: _____

Phone: _____ Signature: _____

Position relative to the applicant: _____

Length of time you have known applicant: _____