

UPC APPLICATION AND LETTER OF RECOMMENDATION

**Return Application and Three (3) Letters of Recommendation
to
Unique Personality Counseling**

Georgia Location

PO Box 81032

Conyers, GA 30013

drmaz@bellsouth.net

(fax) 1-855-249-0195 Toll free

Dr. Lalita M. Maz, President

South Carolina Location

PO Box 747

Yemassee, SC 29945

familyworship@islc.net

(fax) 843-521-0370

Diane Gaither, Director

UPC License Program Application

| | | | | |
|--|---------------|--|------------------|---|
| Name | | Office use only APS I _____ C _____ A _____ | | |
| Address | | City | State | Zip |
| Home # | Cell# | | Work # | |
| Social Security # | Date of Birth | | Email | |
| Did you graduate from High School or received your GED? | | | High School Name | |
| Diploma or GED | City | State | | |
| Did you attend and/or graduate from College/ Tech/ Trade School? | | | College Name | |
| Degree | Major | Minor | City | State |
| Have you ever been convicted of a crime or felony? If so, please explain. | | | | |
| Are you an ordained minister? | | If yes, when were you ordained? | | With what denomination were you ordained? |
| If no, do you have an expected date to be ordained? | | <i>There are many types of Ministers or Clergy. For example, Ministers of Music, Sunday School Teachers, Intercessor prayer ministers, Chaplains, Ministers of Administration, Missionaries, Youth Ministers, etc. If you are not ordained, what type of minister are you?</i> | | |
| Have you ever been a counselor? Briefly describe your experience. | | | | |
| What unique qualities, skills, experiences, or interests do you bring to faith-based counseling? | | | | |
| What is your definition of faith based counseling? | | | | |
| Why would you like to be a faith-based counselor? | | | | |

UPC Letter of Recommendation

TO THE APPLICANT (This recommendation will be part of your file. Please fill out this section and give to the recommender.)

| | |
|-----------------------|---------|
| Name of Applicant: | Number: |
| Address: | Email: |
| Applicant's Signature | |

TO THE RECOMMENDER

(This letter of recommendation will be kept confidential, and will only be used by the Admissions Committee to evaluate this student's admission to the program.)

How long have you known the applicant?

In what capacity have you known the applicant

In your best judgment, rate the applicant on the following characteristics using a scale of 1=Below Average to 5=Excellent. If you do not have a basis by which to judge the applicant, circle NA.

| | | | | | | |
|---|---|---|---|---|---|-----|
| 1. Emotional Stability | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Self-Confidence and Assertiveness | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Ability to Accept Constructive Criticisms | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. Intellectual Ability | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. Oral communication | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Written Communication | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. Interest in and Motivation for the Counseling Profession | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. Ability to Form and Maintain Positive relationships | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. Ability to Work with Diverse Group | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. Leadership Qualities | 1 | 2 | 3 | 4 | 5 | N/A |

Please answer the following questions in as much detail as you can. Please include information about the applicants' strengths and areas for growth. Feel free to use additional paper as needed.

How would you evaluate this applicant in terms of his/her emotional readiness?

How would you evaluate this applicant in terms of his/her professional readiness?

Indicate your summary evaluation by placing an X in the appropriate spot on the line below:

_____ Highly Recommended _____ Recommended with Reservations _____ Not Recommended

Is there any reason you **cannot** recommend this person to be a licensed counselor? Yes ___ No ___ If Yes, please explain

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|