

ECP
EPIPHANY CERTIFICATION PROGRAM

Name _____

Street/P. O. Box _____

City/State/Zip _____

Telephone _____ Fax _____ e-mail _____

Religious Order or Diocese _____ Initials if Applicable _____

Date of Birth (Month) _____ (Day) _____ (Year) _____

Current Position _____

OFFICIAL APPLICATION

The following steps are needed to complete your ECP application. ALL steps must be completed for entrance to the program after which you will receive your notification of acceptance.

- A. Send two letters of recommendation for your candidacy for ECP certification (See attached format). One from a person of your choice, and one from a member of your Congregation if you are a religious or from your Bishop (if you are a diocesan priest) a minister, or from your pastor or any other person in authority who knows you. (Two forms are enclosed for your convenience.)

Please have these letters sent to:

Director, ECP
Epiphany Association
820 Crane Avenue
Pittsburgh, Pennsylvania 15216-3050
412-341-7494 (phone)
412-341-7495 (fax)
1-877-324-6873 (toll free)
www.epiphanyassociation.org (web site)

If accepted into the epiphany certification program, I plan to attend course I at:

Indianapolis Commute Overnight
Pittsburgh Commute Overnight
Summer (Pittsburgh only)

B. Provide the following biographical details and include with them a recent photograph of yourself. (Please print your name on the back of the photo.)

1. Educational Background (Including degrees, and fields of concentration)

2. Ministerial and Formational Experiences (Including current areas of service, retreats made, prayer practices, whatever other aspects of your spiritual life you wish to share.)

3. What gifts (character traits, quality of life, skills) do you bring to ECP?

4. What area(s) of interest, talent, expertise would you be willing to share with other participants in the program?

5. What are a few of your reasons for choosing this program?

6. Comment on your willingness to enter into your own personal and communal growth process.

7. Describe your present state of physical and emotional health and indicate if you have any physical disability.

C. Provide a formative essay consisting of approximately two sides, single-spaced, following these guidelines:

1. Describe briefly your early childhood and family life (initial formation).
2. Mention a few people, events, employment, and experiences which stand out in your mind as most significant in your development---those that influenced the shaping of your life [ongoing formation).
3. Include significant illnesses, deaths, traumas and times of personal crises---what you learned from them as well as those needing further attention (crises of transcendence).
4. If a symbol, word or Scripture passage captures your life's journey to this point, please include it with your reflections (formative reading of Scripture and the masters).
5. How has your life journey led you to requesting this opportunity to do ECP?

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LETTER OF RECOMMENDATION

for _____ , who is applying for participation in our Epiphany Certification Program.

Please comment on your reasons for recommending this person for participation in this program. Include pertinent information which will be helpful for us as we facilitate the person's study, reflection, and growth process. We appreciate your honest assessment of his or her emotional and spiritual maturity.

Name _____ Date _____

Address _____

Phone _____ Signature _____

Position Relative to the applicant _____

Length of Time you have known this person _____

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