



NORTH AMERICAN COLLEGE

INSTITUTE FOR CONTINUING THEOLOGICAL EDUCATION

00120 VATICAN CITY STATE

EUROPE

PERSONAL APPLICATION FOR INSTITUTE PARTICIPATION

(CONFIDENTIAL)

(Please **TYPE** or **PRINT** all Information)

(NAME).....
(Last) (First) (Middle)

PRESENT ADDRESS:.....

CITY:.....

STATE:.....ZIP.....

PHONE:.....

FAX:.....

E-MAIL:.....

BIRTH:.....
(Year) (Month) (Day)

PLACE OF BIRTH:.....
(City)

.....
(State / Province) (Country)

NAME OF DIOCESE / RELIGIOUS COMMUNITY:.....

PRESENT ASSIGNMENT:.....

.....

SEMINARY ATTENDED:.....

DATE OF ORDINATION TO THE PRIESTHOOD:.....
(Year) (Month) (Day)

OF WHICH COUNTRY ARE YOU A CITIZEN:.....

Application for admission to the ICTE are now being accepted for the

.....'

session of the program and for subsequent sessions. For which session do you wish to apply?

Spring

Fall

Calendar Year

To assist the Institute for Continuing Theological Education (ICTE) in determining the fitness of its program to serve your needs, please answer the remaining questions of this application as completely as you can.

3B. Besides personal enrichment, how do you foresee that the ICTE would be able to fulfill your **ministerial needs** at this point in your life?

4. Have you attended workshops and institutes during the past ten years? If so, please indicate these programs, dates attended, material covered.

5. Have you engaged in a degree program, a sabbatical, or a prolonged study program since ordination? If so, please indicate the program, Institution attended, dates, and degree obtained.

MEDICAL QUESTIONNAIRE

1. Are you presently under the care of a physician? If "yes," what is the nature of this care?

2. Have you consulted with or been examined by a physician within the last five years? If "yes," when and for what reason?

3. Are you presently taking any prescribed medications? If "yes," specify the medicine and reasons for the prescription (s).

4. Have you been hospitalized for any illness or injury within the last five years?
..... If "yes," when and what was the nature of the hospitalization?

5. Do you suffer from allergies, hearing impairment, or breathing problems (e.g. asthma, bronchitis, etc.)? Please specify.

6. Have you ever been treated for emotional illness, nervous disorders, or alcoholism? If "yes," a medical statement from your physician indicating the present state of your health is required before the Admissions Committee will consider your application dossier.

If you have a physician, please provide his name, address, and telephone number.

NAME

ADDRESS

.....

TELEPHONE NUMBER

<p><i>NOTE:</i></p> <p>The reception of this application form by the North American College does NOT constitute acceptance. The ICTE Admissions Committee through the Director of the Institute grants acceptance into the Institute program. Such acceptance / non-acceptance is communicated approximately one year prior to the opening of a session.</p>	<p>PHOTO</p>	<p>PLEASE AFFIX A RECENT PASSPORT-SIZE PHOTOGRAPH</p>
--	--------------	---

Your Signature:

Today's date: