"I remind you to rekindle the gift of faith that is within you" (2 Tim 1:6)



THE PONTIFICAL NORTH AMERICAN COLLEGE

APPLICATION for SPRING SESSIONS

Institute for Continuing Theological Education 00120 Vatican City State, Europe

Spring Session: January 13 - April 14, 2025

Pilgrimage (March 6 -14) I wish to attend the optional Pilgrimage (yes or no)_____

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ADDRESS	5						
CITY			.STATE	ZIP	COUN	TRY	
PHONE:			CELL:		FAX	(:	
E-MAIL:							(please prin
BIRTH:	(Month)	(Date)		(Year)			
PLACE OF	BIRTH:	, ,		` ,			
		(City)		(State / Prov	ince)	(Country)	
NAME OF	DIOCESE / RE	LIGIOUS CC	MMUNITY:				
PRESENT	ASSIGNMENT	:					
SEMINAR'	Y ATTENDED:						
DATE OF	ORDINATION (OT THE PRIE	ESTHOOD: .		(Date)		
CITIZENSI	HIP						

PERSONAL INFORMATION QUESTIONNAIRE

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

LAST NAMEFirs	ei Name	Initial
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1. Please list your assignments and experiences in the priesthood. (Please be specific: name of parish / Institution, title, city, dates, etc.).

- 2. Please prepare a statement, which is a personal self-description.
 - How do you see yourself? What are your personality characteristics? Are you considered a self-starter? Are you active in group settings?

3.	What personal benefit do you expect from the Spring Sabbatical?
4.	Besides personal enrichment, how do you foresee that the ICTE would be able to fulfill
	your ministerial needs at this point in life?

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 physi	cian within the last five years
3.	Have you been hospitalized for any illness or injury wit If "yes," when and what was the nature of the hospitalian	
4.	Are you presently taking any prescribed medications?	
4.	If YES, please list the generic name of the medication	(s) and its purpose:

5.	Have you ever had an allergic reaction to any medications? If YES, please list the generic name of the medication (s) and its purpose:
6.	Do you suffer from allergies (seasonal, food, bee sting, other), hearing impairment, or breathing problems (e.g. asthma, bronchitis, etc.)? If yes, please describe.
7.	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 physician indicating the present state of your health is required before the admissions Committee will consider your application dossier.
8.	Do you or your physician know of any medical conditions that would inhibit your participation in the program? If yes, please describe.
9.	Do you smoke?

Physician's Information

Please send this form and a digital passport size photo via e-mail to romeshabat@pnac.org

Today's date:

(Please scan your signature and upload it here as an image.)