

THE PONTIFICAL NORTH AMERICAN COLLEGE

APPLICATION for SPRING SESSIONS

Institute for Continuing Theological Education

00120 Vatican City State, Europe

SPRING 2021 (18 January - 29 March)

Holy Land Pilgrimage (30 March - 10 April) \underline{I} wish to attend the optional Pilgrimage to Holy Land

SPRING 2022 (17January-11April)

Holy Land Pilgrimage (3 - 11 March) $\underline{\text{I wish to attend the optional Pilgrimage to Holy Land}}$

NAME					
(Last)		(First)	(Middle)		
ADDRESS					
CITY			STATE ZIP .	COUNTRY	
	itry Code)		CELL:	FAX:	
E-MAIL:	(please print)				
BIRTH:	(h 4 (1)				
	(Month)	(Date)	(Year)		
PLACE OF E	31RTH:		/01-1- / P		
		(City)	(State / Province) (Country)	
NAME OF D	IOCESE / REL	IGIOUS COMM	//UNITY:		
PRESENT A	SSIGNMENT:.				
SEMINARY A	ATTENDED:				
DATE OF OF	RDINATION O	T THE PRIEST	HOOD:(Month)	Date) (Year)	
CITIZENSHI	P		, ,		

PERSONAL INFORMATION QUESTIONNAIRE

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.

LAST NAMEFirst 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 Continuing Formation module (s) you have selected?
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 physician within the last five years?
3. 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?
4. Are you presently taking any prescribed medications? 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 it's purpose:
6. Do you suffer from allergies (seasonal, food, bee sting, other), hearing impairment, or preathing problems (e.g. asthma, bronchitis, etc.)? If yes, please describe.

a medical statement from your phy	ysician indicating the	rvous disorders, or alcoholism? If "yes," present state of your physician indicating the issions Committee will consider your application
	w of any medical cond lease describe.	ditions that would inhibit your participation in the
•	Physician's Informa	ation
Name (please print)	Physician's Informa	
Address		
City	State/Province	Country Zip/Post Code
NOTE:		
The reception of this application form by the Pontifical North American College does NOT constitute acceptance. The ICTE Admissions Committee, through the Director of the Institute, grants acceptance into the Institute program.	PHOTO	PLEASE UPLOAD PASSPORT-SIZE PHOTOGRAPH
Such acceptance / non-acceptance is communicated shortly after all documentation is received in Rome. (within the year of acceptance)		This photo will be added to the photo list included in the program's orientation kit. It helps participants to recognize one another.
Your Signature:		Please scan your signature and upload it here as an image.
	Today's date:	