



APPLICATION PROCESS LOGISTICS

Dear Applicant:

Thank you for considering Metta Institute's **End-of-Life Care Practitioner Program**. We appreciate the time and thought involved in completing this application. All information in your application will be kept confidential by Metta Institute staff. Requested information will only be used to evaluate your admission. We will not contact your employer or organizational representative without your prior permission. We encourage your honest and comprehensive responses. Please answer all questions. Please limit your essay responses to no more than *three double-spaced pages*.

Application Steps:

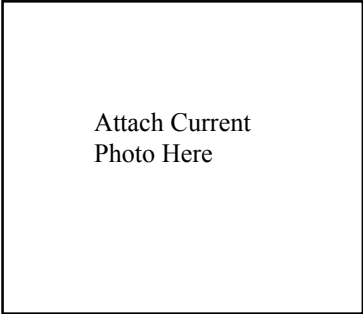
1. Mail your completed application with a current photo and requested attachments to:
Metta Institute
PO Box 2710
Sausalito, CA 94966-2710
2. The program's co-directors will evaluate your written application and your specific plan for utilizing this training in your work or local community.
3. Dependent on the merits of your application, you may be selected for a face-to-face or telephone interview and asked to submit written references.
4. There will be some "rolling" acceptances and denials as we review applications and conduct interviews. Announcement of candidates selected for admission will occur on October 1, 2008.

What will strengthen my chance of acceptance into the program?

- An early application with well-considered and clear responses.
- Substantial direct experience in end-of-life care
- A clear commitment to a personal spiritual path that is integrated in your work.
- The merits of your specific plan for utilize the training in your local community.
- Demonstrated support for your participation (letters of support or financial commitments) from your employer or local community organizations.
- Demonstrated experience in basic counseling or coaching skills and a capacity for deep listening and clear communication.
- A mature relationship to your inner life and working in groups.
- An on-going mentoring relationship in your local community (therapist, spiritual director, meditation teacher, coach, other counseling professional).
- A clear commitment to supporting the spiritual dimensions dying.
- A capacity to think "outside the box," to embrace paradox, and inspire others.

The application deadline is **October 1, 2008**.

Questions or concerns may be directed to info@mettainstitute.org or 415.331.9600.



2009 END OF LIFE CARE PRACTITIONER PROGRAM APPLICATION

Application submission date: _____

How did you learn about the program? Metta Brochure Metta Website Email Announcement Workshop Metta Graduate Advertisement (where _____) Other _____

Personal Contact Information

Full Name _____ Home Phone _____
Mobile Phone _____ Email _____
Home Street Address _____
City _____ State _____ Zip _____
Gender _____ Birthdate _____ Age _____ Ethnicity _____

Affiliated Organization Information

Affiliated Occupation _____ Work Phone _____
Organization Street Address _____
City _____ State _____ Zip _____
Organization Website _____

Employment/Education

Full-Time Part-Time Other _____
Degree/Certification (MD, RN, PhD, MFT, etc): _____ Specialty: _____
Current professional title: _____ Years in professional practice: _____

End-of-Life Care/Counseling Experience

Do you currently work or volunteer in End-of-Life Care? yes no
How Long? _____ Setting: Hospice Hospital Home care Other _____
Describe (frequency, place, role) _____

Please list type and dates of any training you have received in psychotherapy, coaching, spiritual direction, group facilitation, communications training or other counseling modalities? _____

Spiritual Tradition/Inner Work

Do you currently have what you would describe as a "spiritual path"? yes no

How would you name it? _____ Years of practice in this tradition? _____

Do you have a contemplative or meditation practice? yes no

Please name your *specific* spiritual practice(s) and *frequency* (i.e. church once a week, daily chanting, one hour daily meditation,) _____

If you participate in spiritual courses or retreats, please describe what type, how often, and what duration? _____

Do you currently work with a teacher or spiritual director? yes no

Who? _____ How Long? _____

Are you currently or have you ever been a client in psychotherapy, counseling or other one to one growth work? yes no If yes, please describe (duration, type, etc.) _____

Have you participated in any long-term experiential training or transformational group work process?

yes no If yes, please describe (duration, type, etc.) _____

Health Concerns (If you prefer to discuss this by phone, please let us know.)

Do you have any significant physical health concerns or medical conditions that could impact your participation? yes no If yes, please describe: _____

Do you have, or have you ever had, any mental health concerns, such as depression, anxiety, addictions, or other psychiatric conditions? yes no

If yes, please describe, including treatment received (therapy, medications etc.) _____

Commitment

Do you anticipate anything that may interfere with your commitment to the program? (This commitment requires: attendance at all four residential extended weekends and the two 8-day residential intensives, regular phone consultations and 150 hours client support and field visits in your local community)

yes no If yes, please describe: _____

References

Professional reference

Name _____

Title _____

Organization _____

Daytime Phone _____ Email: _____

Personal reference

Name: _____

Relationship: _____

Daytime Phone: _____ Email: _____

Application Essay

Please answer all of the following questions with brief thoughtful responses using no more than *one double-spaced page per section* (no more than 3 pages total). We encourage you speak truthfully, from the heart, in a straightforward way rather than being concerned about creating a particular impression.

Section 1 **Experience with the dying**

In what role or capacity do you serve the dying? What has been the most challenging aspect of this work? What motivates your end-of-life care work? How has this work served you or changed you? Briefly describe your most significant experience with death. If you have a way you would prefer to die, please describe it. What are your two unanswered questions about death?

Section 2 **Spiritual Practice/Inner Work**

Briefly describe how your spiritual path and practices impact your work, and is expressed or integrated into your end-of-life care work. What do you think is the most important spiritual practice for one who is dying? List your familiarity/experience with other spiritual traditions. How would you describe yourself as a participant in experiential group process? How would you describe yourself in terms of where you are in your psychological development and/or spiritual journey?

Section 3 **Application of the Training**

Why do you want to take this training, and why at this moment in your life? Briefly outline a specific plan of how you will utilize this training in your work or local community (include any collaborative arrangements you plan to develop, educational programs or new services you intend to offer). If you have published any articles, taught any courses, facilitated groups, please list them. If you could modify your professional practice (no holds barred) what would you be doing?

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