



INSTRUCTIONS: Complete this PDF application by typing into the form fields provided for you. The <tab> key moves you to the next field or you can click on an individual button or field to fill it in. (Do not use the <tab> key to indent a new paragraph.) When done, **save your completed form** on your hard drive (you may also save a partially completed form and complete it at a later date). Email the completed PDF and a current digital photo to [info@mettainstitute.org](mailto:info@mettainstitute.org).

## 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.

### **Application Steps:**

1. Email your completed application with a current photo to [info@mettainstitute.org](mailto:info@mettainstitute.org)
2. The program's co-directors will evaluate your written application and your plan for utilizing this training in your organization or local community.
3. Dependent on the merits of your application, you may be selected for a face-to-face or telephone interview.
4. There will be some "rolling" acceptances and denials as we review applications and conduct interviews. A final announcement of the selected candidates will be made on November 1st.
5. The application deadline is **October 1st**.

### **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.

Questions or concerns may be directed to [info@mettainstitute.org](mailto:info@mettainstitute.org) or 415.331.9600.



## 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 \_\_\_\_\_

Country (if applicable) \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

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 \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

## **Application Essay**

Please answer all of the following questions with brief thoughtful responses. Use the PDF pages attached for each essay question. We encourage you speak truthfully, from the heart, in a straight-forward way rather than being concerned about creating a particular impression. Each essay question is limited to about 600 words.

### **Section I *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?

The application deadline is **October 1**.

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**Section I *Experience with the dying***

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**Section 2 *Spiritual Practice/Inner Work***

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### **Section 3 *Application of the Training***



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