

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

NORTH AMERICAN COLLEGE APPLICATION for SESSIONS

(CONFIDENTIAL)

Institute for Continuing Theological Education
00120 VATICAN CITY STATE
EUROPE

SESSION CALENDAR YEAR for which you are applying...

SPRING 2020 (January – April) _____

SPRING 2021 (January – April) _____

SPRING 2022 (January – April) _____

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

PRESENT ADDRESS:.....

CITY:.....

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

PHONE:.....CELL:.....FAX:.....

E-MAIL:
(please print)

BIRTH:
(Month) (Date) (Year)

PLACE OF BIRTH:
(City) (State / Province) (Country)

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

PRESENT ASSIGNMENT:.....

SEMINARY ATTENDED:.....

DATE OF ORDINATION OT THE PRIESTHOOD:
(Month) (Date) (Year)

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

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.

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 it’s purpose:

5. Have you ever had an allergic reaction to any medication (s)?_____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 breathing problems (e.g. asthma, bronchitis, etc.)? 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.

7. Do you or your physician know of any medical conditions that would inhibit your participation in the program?

Physician's Information

Name (please print)		Telephone	
Address			
City	State/Province	Country	Zip/Post Code

<p>NOTE:</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 shortly after all documentation is received in Rome. (within the year of acceptance)</p>	<p>PHOTO</p>	<p>PLEASE AFFIX A RECENT PASSPORT-SIZE PHOTOGRAPH</p>
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Your Signature:

Today's date:

Please e-mail romeshabat@pnac.org or FAX this form +(39 06) 687-1529 and then mail it to:

The Director
Institute for Continuing Theological Education
 NORTH AMERICAN COLLEGE
 00120 VATICAN CITY STATE
 EUROPE