Diocese of Scranton Application for Program of Priestly Formation All Items are to be sent directly to Vocation Director unless otherwise directed



APPLICANT CHECK LIST

Name:	

PA	RT I: PERSONAL INFORMATION
	Complete the Diocese of Scranton application, and sign and date.
Ħ	Enclose three color photos (size 2X3 or smaller) (paid for by the applicant).
Ħ	Sign and return the enclosed Applicant Release Form which authorizes the Diocese of Scranton to investigate any
_	information provided in the application. If applicable, also sign and return Applicant Release Form for Previously
	Attended Formation Programs.
PA	RT II: MEDICAL/PSYCHOLOGICAL/CRIMINAL HISTORY
	TION 1: MEDICAL FORMS AND PERSONAL PHYSICIAN'S PHYSICAL EXAMINATION Paid for by the Applicant
	Please arrange for a physical examination with your personal physician as soon as possible.
	Have your doctor complete the Medical History and Physician Examination Form. Complete your portion of the
	form electronically then print it for your doctor to complete the rest, and return in this folder.
	Sign and return the enclosed Permission to Release Medical Evaluation Reports .
SEC	TION 2: PSYCHOLOGICAL EXAMINATION Paid for by the Diocese of Scranton.
	Please contact the psychologist (whose name and contact information has been provided to you).
	Do not delay in arranging a mutually agreeable time for you to undertake the necessary psychological testing and
	interview(s). The psychologist will forward results directly to the Office of Vocations.
	Sign and return the enclosed Permission to Release Psychological/Psychotherapy Notes/ Records/Reports
	regarding your agreement to consent to release any information regarding your psychological health.
SEC	TION 3: CRIMINAL RECORD CHECK Paid for by the applicant who will be reimbursed by the Diocese of Scranton.
	Complete, sign and return Diocese of Scranton Background Check Application (for obtaining Pennsylvania Criminal History Check)
	Follow instructions for obtaining as soon as possible PA Child Abuse History Certification (\$13) and FBI Clearance/
	Fingerprinting (Idemia Indentigo) (approximately \$24) and paying by credit card.
	Complete and sign Background Check Reimbursement Form ; return this form with your clearances as soon as you receive them.
<u>Sec</u>	TION 4: YOUTH PROTECTION PROGRAM
Ц	Sign and return page 2 of Diocese of Scranton Youth Protection Program: Code of Pastoral Conduct Statement
	Follow instructions for completion of online Mandated Reporter Training ; once completed, send copy of completion
_	certificate to Vocation Office as soon as possible.
	Follow instructions for <i>VIRTUS: Protecting God's Children:</i> Those accepted into the formation program will complete
	VIRTUS training before leaving for seminary, thereafter read and complete online monthly ongoing training bulletins at
ъ.,	www.VIRTUS.org, and maintain current email address on the VIRTUS site. Instructions are enclosed.
	RT III: REFERENCES, AUTOBIOGRAPHY, ESSAY, SACRAMENTAL RECORDS AND SCHOOL TRANSCRIPTS
	CTION 1: REFERENCES
\Box	ase request a letter of recommendation from the following people: Your Current Pastor
H	Current Parish Parochial Vicar or another Priest or Religious Sister/Brother
H	Recent Professor, Teacher or Academic Advisor (Counselor) (if applicable)
H	Employer or Supervisor (if applicable)
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Gui	An Adult Sibling or another Close Relative of Friend delines have been provided for each reference. <u>Please inform your references that their letters should be mailed directly to the Office of Vocations.</u>
	TION 2: AUTOBIOGRAPHY AND ESSAY
	You are asked to complete an Autobiography and an Essay on the Priesthood ~ directions are enclosed.
SEC	TION 3: SACRAMENTAL RECORDS AND SCHOOL TRANSCRIPTS
	ERAMENTAL RECORDS ~ Please obtain and include in your application the following:
П	Two copies of your Baptismal Certificate [<i>Must be dated/issued within the last three months</i> . <i>Older Certificate</i> (<i>original</i>
_	or copy) is not acceptable.]
	Two copies of your Confirmation Certificate (copy of original is acceptable)
	Two copies of Parents' (Church) Marriage Certificate or two copies of Parents' (State) Marriage License
_	(copy of original is acceptable)
OF	FICIAL SCHOOL TRANSCRIPTS ~ DO NOT ENCLOSE ~ Registrar/School is to mail directly to Rev. Alex J. Roche at address below:
	from your High School, if you have not completed at least a Bachelor's Degree
	from your Undergraduate College(s)/University, if applicable
靣	from your Post-Graduate College(s)/University or Seminary, if applicable
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