



*Clinical Pastoral Education*



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***Excellence in Training for Competent Compassionate Pastoral Care***

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**APPLICATION FOR CLINICAL PASTORAL EDUCATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Office Address: \_\_\_\_\_ Work Tel: \_\_\_\_\_  
 Street Town State Zip Code

Home Address: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
 Street Town State Zip Code

E-mail Address: \_\_\_\_\_ Pager #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children 's Ages: \_\_\_\_\_

Faith Group/Denominational Affiliation: \_\_\_\_\_

Association/Conference/Diocese/Synod/Presbytery: \_\_\_\_\_

Current Professional Position: \_\_\_\_\_ Are you ordained? \_\_\_\_\_ If "yes", give date: \_\_\_\_\_

	<u>EDUCATION</u>	<u>DEGREE</u>	<u>DATE</u>
College: _____	_____	_____	_____
Seminary: _____	_____	_____	_____
Graduate Study: _____	_____	_____	_____

PREVIOUS CLINICAL PASTORAL EDUCATION OR OTHER SUPERVISED CLINICAL TRAINING			
Dates	Center		Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES & ADDRESSES (Please include zip codes & phone numbers):

Denominational: \_\_\_\_\_

Academic: \_\_\_\_\_

Other: \_\_\_\_\_

- ATTACH THE FOLLOWING ITEMS TO APPLICATION**
1. A **reasonably full account of your life**, including important events and relationships with persons who have been significant to you , and the impact of these events and relationships have had on your development. Describe your family of origin, your current family relationships, and your educational growth dynamics.
  2. A **description of your religious life**, including events and relationships that affected your faith and currently inform your belief systems.

3. A **description of your (vocation) history**, including a chronological list of positions and dates.
4. A **description of an incident in which you were called to help someone**, including the nature of the request, your assessment of the "problem", what you did, and a summary evaluation. If you have had previous CPE include this information in verbatim form.
5. *Your impression* of your previous clinical pastoral training(s) [i.e., clinical pastoral education and/or other supervised clinical training experiences], if any. What are your impressions and *expectations* of the program to which you are seeking admission? How will this training be used to further your goals for doing ministry? Indicate if this training is required of you, and if so, by whom.
6. A description of any special needs you will have during the training (e.g. disability considerations, transportation, housing, financial).
7. Application fee of \$30.00. Make checks payable to "EHS-CPE".
8. A recent photograph (optional).
9. An "Admissions Interview Report" by a CPE Supervisor or other qualified person. Admissions Interview conducted by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**THOSE WITH PREVIOUS C.P.E. SHOULD COMPLETE THE FOLLOWING**

10. *Copies of previous C.P.E. evaluations* written by you and your supervisor.
11. What was the most *significant learning experience* in your previous C.P.E. and how have you continued to work in this learning method? Illustrate your strengths and weaknesses as a professional person.
12. What are your personal and professional goals and how will continued training aid that process?
13. Documentation of Faith Group Endorsement (Required only from applicants for *Supervisory CPE*)

APPLICATION FOR: [Check (✓) as applicable]

FULL-TIME CPE UNIT: (Eleven Weeks)

WINTER     SPRING     SUMMER     FALL

PART-TIME CPE UNIT: (Extended CPE, 2 days/evenings each week for 9 months)

DAY PROGRAM     EVENING PROGRAM

RESIDENCY:

Full-Time, 12 Months, 3 CPE-Unit Credits

TRAINING LEVEL:

CPE     SUPERVISORY CPE

TRAINING SITE PREFERRED:

FAR ROCKAWAY     BROOKLYN D NO PREFERENCE

DAYS PREFERRED: Check two:  MON     TUE     WED     THU     FRI

There is *no* assurance your choice can be successfully accommodated

EARLIEST DATE YOU CAN BEGIN: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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