

Application for Clinical Pastoral Education

Association for Clinical Pastoral Education, Inc.

Name _____

Current standing in CPE:

Prospective CPE Student _____ #of General CPE Units _____ Supervisory _____

Birthdate (Not Year) _____

Present Mailing Address _____

_____ Telephone _____

E-mail Address _____

Permanent Address _____

_____ Telephone _____

Denomination/Faith Group Affiliation _____

Association, Conference, Diocese, Presbytery, Synod _____

Present Position _____ Ordained? _____ Date _____

Education:

Degree

College _____

Seminary _____

Graduate Study _____

Previous Clinical Pastoral Education:

Dates

Center

Supervisor

References and Addresses:

Denomination/Faith Group _____

Academic _____

Other _____

Application For: Year _____

Level I (Intern)

January

Winter-Spring

Summer

Fall

Nine-Month Extended

Level II (Resident)

Supervisor-in-Training

Earliest date you can begin:

Attach to Application:

1. A reasonably full account of your life, including important events, relationships with people who have been significant to you, and the impact these events had on your development. Describe your family of origin, your current family relationships and your educational growth dynamics.
2. A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief systems.
3. A description of the development of your work (vocation) history, including a chronological list of position and dates.
4. An account 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 C.P.E., include this information in verbatim form.
5. Your impression of Clinical Pastoral Education and your educational goals, including how this training will be used to meet your goals for doing ministry.
6. An admissions interview by an A.C.P.E. Supervisor or other qualified person (C.P.E. Supervisors, Seminary Liaison Professors, and Regional Directors may recommend interviewer.)

Admissions Interview Conducted by_____

Address_____

7. Application fee is required by Center. (North Atlanta C.P.E. Center non-refundable fee is sixty dollars (\$60.00) for 1 Unit and thirty dollars (\$30.00) for January Intensive and Intern Programs taken for ½ Unit credit)

Those with previous C.P.E. should complete the following:

8. Copies of previous C.P.E. evaluations written by you and your supervisor.
9. What was the significant learning experience in previous C.P.E. and how have you continued to work in this learning method? Illustrate your strengths and weaknesses as a professional person.
10. What are your personal and professional goals and how will continued training aid that process?

Signature of Applicant _____

Date_____ Social Security # _____

Send this Application with a non-refundable application fee (\$60.00 for 1 unit or \$30.00 for ½ Unit) to:

C.P.E. Application
North Atlanta C.P.E. Center
% Saint Joseph's Hospital
Department of Pastoral Care
5665 Peachtree-Dunwoody Road, NE
Atlanta, Georgia 30342
Phone: 678-843-7514
Fax: 678-843-5549