

Application for Clinical Pastoral Education

Association for Clinical Pastoral Education, Inc.

Please send this application directly to the Center or Cluster to which you are applying

Applying for: Fall-Spring Extended Summer Fall-Spring Advanced Year: _____

Location: EMS, Harrisonburg EMS, Pennsylvania

You are earning academic credit in addition to ACPE "professional" credit

Birth date required for Federal Government reporting: _____

Name _____ Email _____

Present Mailing Address _____

Phone (____) _____ Office (____) _____ Cell (____) _____

Permanent Address _____

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 _____

_____ Phone(_____) _____
Address

Academic _____

_____ Phone (_____) _____
Address

Other _____

_____ Phone (_____) _____
Address

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 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 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 positions 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 CPE, 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. Admissions Interview: If you are not being interviewed at the center to which you are applying, you will need to obtain an admissions interview summary prepared by an ACPE supervisor or another person satisfactory to the center to which you are applying. If the written summary is not yet available, please indicate the following:

Admission interview conducted by _____
 Address _____ Zip Code _____
 Phone (_____) _____ Date interview conducted _____

THOSE WITH PREVIOUS CPE SHOULD COMPLETE THE FOLLOWING:*

7. Copies of previous CPE evaluations written by you and your supervisor.
8. What are your personal and professional goals and how will continued training aid that process?

***Please note:** CPE residency programs usually require an in-person interview in their admissions process.

I certify that all information in this application is factually true, complete, and honestly presented. I understand that I may be subject to disciplinary action, including admission revocation or program expulsion, should the information I've certified be false. I hereby give permission to the ACPE center to which I am applying to access my CPE evaluations and contact your previous ACPE supervisor(s) about matters pertaining to this current application, and I consent for those contacted to provide the information sought. I verify that if sending in this application electronically it constitutes my electronic signature.

Signature _____ Date _____ SS# _____

Email: acpe@acpe.edu ■ Website: www.acpe.edu

Form #1—rev. 2012