

Application for Clinical Pastoral Education Eastern Mennonite Seminary

Office use only:

ID # _____

Unit: _____

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

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 _____

ALL CLINICAL PASTORAL EDUCATION:

Dates Center Clinical Educator

REFERENCES AND ADDRESSES:

Denomination/Faith Group _____

Name

Email Address

_____ (____) _____
Address Phone

Academic _____

Name

Email Address

_____ (____) _____
Address Phone

Other _____

Name

Email Address

_____ (____) _____
Address Phone

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. A criminal background check report is required. We will submit your name and email address to OneSource, a background check company, and they will be in touch with you to complete the process. The cost is \$18.00.
7. Admissions Interview: If you are not being interviewed at EMS, you will need to obtain an admissions interview summary prepared by an ACPE supervisor or another person satisfactory to EMS. 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:*

- Copies of previous CPE evaluations written by you and your supervisor.
- What are your personal and professional goals and how will continued training aid that process?
- For those whose most recent CPE unit was three or more years ago please identify important events, relationships with people who have been significant to you since that CPE experience and the impact of these events and relationships have had on your ongoing personal and pastoral development.

***Please note:** You are earning academic credit in addition to ACPE "professional" credit

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 Eastern Mennonite Seminary access my CPE evaluations and contact my 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# _____

Please send completed application to:
 Eastern Mennonite Seminary
 CPE
 1200 Park Rd.
 Harrisonburg, VA 22802

Accredited by:

Association for Clinical Pastoral Education, Inc.
 55 Ivan Allen Jr Blvd, Suite 835 ■ Atlanta, GA 30308
 Phone: 404/320-1472 ■ Fax: 404/320/0849
 Email: acpe@acpe.edu ■ Website: www.acpe.edu

