



Association for Clinical Pastoral Education

Application & Instructions for Clinical Pastoral Education

Please respond to each of the following items. Your typed responses on separate pages would be appreciated.

1. Please complete the attached form and mail to the Center or Cluster to which you are applying. Read instructions carefully before submitting. International applicants have additional requirements and deadlines. You may want to make a copy of a blank form before entering any data.
2. A reasonably full account of your life. Include, for example, significant and important persons and events, especially as they have impacted, or continue to impact, your personal growth and development. Describe your family of origin, current family relationships, and important and supportive social relationships.
3. A description of your spiritual growth and development. Include, for example, the faith heritage into which you were born and describe and explain any subsequent, personal conversions, your call to ministry, religious experiences, and significant persons and events that have impacted, or continue to impact, your spiritual growth and development.
4. A description of your work (vocational) history. Include a chronological list of jobs/positions/dates of employment and a brief statement about your current employment and work relationships.
5. An account of a "helping incident" in which you were the person who provided the help. Include the nature and extent of the request, your assessment of the issue(s), problem(s), situation(s). Describe how you came to be involved and what you did. Give a brief, evaluative commentary on what you did and how you believe you were able to help. *If you have had prior and recent CPE, please attach a copy of a recent verbatim as your 'helping incident' and add to the verbatim your own notes on how and what you learned from sharing this verbatim with your supervisor and/or peers. If you have had CPE, but it was more than two years ago, include a recent account of a helping incident, written up in a verbatim format. If possible, include feedback from current pastoral colleagues and/or administrative supervisor.*
6. Your impressions of Clinical Pastoral Education. Indicate, for example, what you believe or imagine CPE to be. Indicate if CPE is being required of you. Indicate any learning goals or issues of which you are aware and would like to address in CPE. Finally, indicate how CPE may be able to help you meet needs generated by your ministry or call to ministry. *If you have had prior CPE, please indicate the most significant learning experience you had during CPE. State how you have continued to use the clinical method since your previous experience. Indicate strengths and weaknesses that you have as they relate to your ministry and your identity as a professional person. Indicate any personal and/or professional learning goals and issues that you have at this time and how you believe that CPE will help you to attain or address these learning goals and issues*
7. You are required to complete an admissions interview with an ACPE supervisor or a person approved by the center to which you are applying, or at the center to which you are applying. Contact the center to check on their policy regarding admission interviews.
8. CPE Centers often require an application fee. Please check this requirement in advance of submitting this application. If you are interviewing at a center other than the one to which you are applying, you may be required to pay an interview fee, usually due at the time of the interview.
9. If you are an international applicant, you will have to obtain appropriate documentation from U.S. Immigration, which usually implies a visa and a US Social Security Number. Therefore, international applicants should have such documentation approved at least six (6) months prior to the start of the program to which they are applying. If offered employment, can you submit verification of your legal right to work in the U.S.?
Yes ___ No ___
10. An applicant with prior CPE should attach all previous self and supervisory evaluations and your signature below indicates you give permission for your previous CPE centers to release your evaluations for purposes of this application process.
11. Retain your own copy of this completed application and bring it with you to any interview for CPE.
12. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime? Yes ___ No ___
13. Please attach a current resume.

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 previous supervisory personnel 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: _____

CPE is not a trademark and variously accredited programs are advertised and offered. This application form has been approved and provided by the
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 acpe@acpe.edu □ www.acpe.edu



Application for Clinical Pastoral Education

Print or type responses and mail completed application to the Center or Cluster to which you are applying.

Applying for: Fall Winter Spring Summer 12 month residency* Extended Unit

Preferred program/site: Earliest date you can begin:

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

Directory Information

Name: U.S. Citizen: Yes No

Mailing address: City: ST:

Country & ZIP: Email:

Day Tel.: Alt Tel.: Fax:

Permanent address: City: ST:

ZIP: Country: Alt Email:

Denomination/Faith Group Affiliation:

Jurisdiction/District/Diocese/Conference/Assoc:

Jurisdictional Authority (name/title):

Local Church & Ministry Position:

Ordained/Licensed/Appointed: Date:

College: Degree/Date:

Seminary: Degree/Date:

Grad Schl: Degree/Date:

Prior CPE Dates: Center Supervisor

Table with 3 columns: Prior CPE Dates, Center, Supervisor. Contains three rows of empty lines for data entry.

Academic Reference

(Name/Title):

Ph: Address:

City: ST: ZIP: Email:

Denominational Reference (name/title):

Ph: Address:

City: ST: ZIP: Email:

Personal Reference (name/relationship):

Ph: Address:

City: ST: ZIP: Email:

Admissions Interviewer:

Address:

Interviewer's Ph: Email:

Signature of applicant: Date:

CONSENT TO MAINTAIN THE PRIVACY OF CPE STUDENT RECORDS AT BHC

PURPOSE:

To keep in federal compliance with Family Education Rights and Privacy Act (FERPA) to protect the privacy of student educational records.

ACPE Standard: 304.4 - maintenance of student records

Reference: ACPE Inc. Accreditation Manual Appendix 7B "Guide for Student Records" in relation to Family Education Rights and Privacy Act (FERPA). Explanation found at following link:

<http://208.52.144.173/NewPDF/Student%20Records%20and%20Annual%20Notice.pdf>

1. I give consent to use my CPE application materials for my clinical pastoral education (CPE) interview by approved CPE interviewers at Baptist Health Care (BHC).

Yes_____ No_____

2. I give consent to file my CPE application materials as part of my educational record of CPE in the waiting period prior to the CPE interview and through the course of my CPE student and alumni status should I obtain CPE student status at BHC.

Yes_____ No_____

3. I give consent to disseminate my directory information (name, telephone/cell information) within BHC facilities for the purpose of keeping contact within BHC facilities and to make contact when doing on call duty should I obtain student status at BHC.

Yes_____ No_____

4. I give consent to send my directory information (name, type of CPE unit, occupational status during CPE, gender and religious affiliation) in compliance with ACPE accreditation unit reporting requirements should I obtain student status at BHC and complete one or more units of CPE.

Yes_____ No_____

5. I give consent to seek references from those listed on the CPE application form and previous employers, and to obtain a report from a governmental reporting agency to be used for employment purposes. I authorize references and previous employers listed to give BHC all information and opinions concerning me, my history and previous employment.

Yes_____ No_____

Signature of CPE Applicant/CPE Student

Date