

Association for Clinical Pastoral Education, Inc. Application & Instructions for Clinical Pastoral Education

Please read these instructions for this two-page form carefully. Review the form and your attached responses to the following items before submitting them. Typed responses are most appreciated. Mail, fax, or email your completed form and attachments to each ACPE center to which you are applying. Retain a copy of this form and your materials for your use. You may want to make a blank copy of this form before entering any data. International applicants please note that you have additional requirements and deadlines.

1. 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.
2. 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.
3. A description of your work (vocational) history. Include a chronological list of jobs, positions, and dates of employment along with a brief statement about your current employment and work relationships.
4. An account of a "helping incident" in which you were the person who provided the help. Include the nature and extent of the request and then your assessment of the issue(s) and/or concern(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 be of 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 supervisor.*
5. 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 personal or professional learning goals or issues of which you are aware and which you would like to address in CPE. Finally, indicate how CPE may be able to help you meet your learning goals and any 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.*
6. A current resume.
7. Previous CPE Evaluations: Applicants with prior CPE should attach all previous evaluations, self-evaluation(s) and those from CPE Educators. Your signature below authorizes your previous CPE center(s) to release your evaluations for purposes of this process.

Some CPE centers require an application fee and all require an admission interview. A separate fee may apply if you are interviewed at a center or place other than the center(s) to which you are applying and this fee may be payable at the time of the interview. Contact the center(s) to which you are applying to clarify fees and requirements. Bring a copy of this form and your responses to all interviews.

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 ___

Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime? Yes ___ No ___

I certify all information in this application to be factually true, complete, and honestly presented. I understand that I may be subject to disciplinary action, including admission revocation or program expulsion, should said information be false. I hereby give permission to the ACPE center(s) to which I am applying to access any CPE evaluations and contact previous CPE 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 my typed name constitutes my electronic signature, e.g., (s) Pat Smith.

Signature: _____ **Date:** _____



Application for ACPE Clinical Pastoral Education

Association for Clinical Pastoral Education, Inc.;
One West Court Square; Suite 325; Decatur, GA 30030;
Ph. (404) 320-1472; Fax: (404) 320-0849; Email: acpe@acpe.edu; Website: www.acpe.edu

Applying for: Fall___ Winter___ Spring___ Summer___ 12 month residency___ Extended Unit___
Preferred program/site: _____ Earliest date you can begin: _____

Print or type responses. Mail completed form to the ACPE Center to which you are applying. Please note that most programs may require an in-person interview as part of 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: | CPE Center (s) | CPE Supervisor(s)/Educator(s) |
|-----------|-------------------|----------------|-------------------------------|
| _____ | _____/_____/_____ | _____ | _____ |
| _____ | _____/_____/_____ | _____ | _____ |
| _____ | _____/_____/_____ | _____ | _____ |

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: _____

I verify that if sending in this application electronically my typed name constitutes my electronic signature, e.g., (s) Pat Smith.