



ACPE APPLICATION FOR CLINICAL PASTORAL EDUCATION

Application for which quarter and year:

\_\_\_ Winter \_\_\_ Spring \_\_\_ Summer \_\_\_ Fall \_\_\_ Extended Year \_\_\_\_\_

Current Standing in CPE:

\_\_\_ CPE \_\_\_ Supervisory \_\_\_ Prospective CPE Student Earliest date you can begin: \_\_\_\_\_

Personal Information:

Name \_\_\_\_\_ Birth Date (optional) \_\_\_\_\_

Present Mailing Address \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Denomination/Faith Group Affiliation \_\_\_\_\_

Association, Conference, Diocese, Presbytery, Synod \_\_\_\_\_

Ordained? (circle) Yes / No Date \_\_\_\_\_ Title \_\_\_\_\_

Present Position \_\_\_\_\_

Education:

Degree:

College \_\_\_\_\_

Seminary \_\_\_\_\_

Graduate Study \_\_\_\_\_

Previous Clinical Pastoral Education:

Dates Center Supervisor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

References (include name, phone #, and e-mail contact information)

Denomination/Faith Group: (Name) \_\_\_\_\_

(How long known?) \_\_\_\_\_ (e-mail address) \_\_\_\_\_

(phone numbers) \_\_\_\_\_

Academic : (Name) \_\_\_\_\_

(How long known?) \_\_\_\_\_ (e-mail address) \_\_\_\_\_

(phone numbers) \_\_\_\_\_

Other : (Name) \_\_\_\_\_

(How long known?) \_\_\_\_\_ (e-mail address) \_\_\_\_\_

(phone numbers) \_\_\_\_\_

**Attach the following to Application**

1. A reasonable 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 description of special needs (e.g., health, financial, housing, transportation).
7. An admissions interview by an ACPE Supervisor or another qualified person. (CPE Supervisors, Seminary Liaison Professors, and Regional Directors may recommend interviewer).
8. Application fee - \$25.00.

***Those with previous CPE should complete the following:***

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_

***Send this application directly to the center or cluster to which you are applying.***

Date Received: \_\_\_\_\_