



Application for Clinical Pastoral Education

Print or type responses and mail or email completed application to:

Cleveland Clinic
Spiritual Care
9500 Euclid Avenue / Q1-3
Cleveland, Ohio 44195
ClinicalPastoralEducation@ccf.org

Applying for: Fall (extended)_____ Winter/Spring (extended)_____ Summer (intensive)_____ 12 month residency*_____

Preferred program/site: _____ Earliest date you can begin: _____

**Please note that our residency program requires an in-person interview during the 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/Association: _____

Jurisdictional Authority (name/title): _____

Local Church & Ministry Position: _____

Ordained/Licensed/Appointed: _____ Date: _____

College (Name/Degree/Date): _____

Seminary (Name/Degree/Date): _____

Graduate School (Name/Degree/Date): _____

Prior CPE Dates:	Center	Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

Denominational/Faith Community Reference (name & title): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Personal Reference (name & relationship): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Admissions Interviewer (if applicable): _____

Address: _____

Interviewer's Ph: _____ Email: _____

Signature of applicant: _____ Date: _____



Application & Instructions for Clinical Pastoral Education

Respond to each of the following items using typed responses on separate pages. Read instructions carefully before submitting. International applicants have additional requirements and deadlines.

1. A reasonably full account of your life, including important persons and events, and how 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/religious growth and development, including the faith heritage into which you were born and significant relationships. 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, including a chronological list of jobs/positions/dates of employment (this can be in the form of a current resume) and 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, including 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.*
5. Your impressions of Clinical Pastoral Education, including how this training will be used to meet your goals for doing ministry. Indicate what you believe or imagine CPE to be, if CPE is being required of you, and any learning goals or issues of which you are aware and would like to address in CPE. *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.*
6. Applicants with prior CPE should attach all previous self and supervisory evaluations.

Other information and instructions:

You are required to complete an admissions interview with an ACPE supervisor or a person approved by the center. In-person interviews are preferred for extended and intensive units; however, phone interviews may be granted based upon your particular circumstances. In-person interviews are *required* for residency positions.

An application fee of \$25 must be submitted with your application. Checks or money orders made out to "Spiritual Care" can be mailed to the Spiritual Care Office, or cash can be dropped off at the Spiritual Care Office (Q1-101). *Note: if you email your application, it will not be considered until your application fee is received.*

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 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: _____

The Cleveland Clinic CPE Center is accredited by the
Association for Clinical Pastoral Education
One West Court Square, Suite 325 ■ Decatur, GA 30030
Phone: (404) 320-1472 ■ Fax: (404) 320-0849
acpe@acpe.edu ■ www.acpe.edu