Association for Clinical Pastoral Education Inc.
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) month prior to the started of the program for which they are applying.
10. An applicant with prior CPE should attach copies of all previous self and supervisory CPE evaluations. Also, if you have had prior CPE and if you are giving this center permission to directly access previous CPE evaluations and supervisory personnel, then please sign the corresponding box as well as signing the application form. If permission is given, please submit 2 (two) original copies of this application, each containing your signature, not one original and a copy. The second original will be sent to your previous CPE center as written authorization of your consent to release information.
11. Retain your own copy of this completed application and bring it with you to any interview for CPE.

I hereby give my consent to the ACPE center to which I am applying to access my CPE evaluations and supervisory personnel about matters pertaining to this current application.

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

Association for Clinical Pastoral Education Inc.

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: _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:** _____