



Presbyterian Healthcare Services
 PO Box 26666
 Albuquerque, New Mexico 87125
 (505) 841-1191

APPLICATION FOR:

_____ Winter	_____ Fall
_____ Spring	_____ Extended
_____ Summer	_____ Year

Earliest date you can begin: _____

Application for Clinical Pastoral Education

Name _____

Present Mailing Address _____

_____ Telephone (____) _____

Permanent Address _____

_____ Telephone (____) _____

Denomination/Faith Group Affiliation _____

Present Position _____ Ordained? _____ Date _____

EDUCATION

DEGREE

College _____

Seminary _____

Graduate Study _____

PREVIOUS CLINICAL PASTORAL EDUCATION:

Dates

Center

Supervisor

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES AND ADDRESSES:

Denomination/Faith Group _____

_____ Telephone (____) _____

Academic _____

_____ Telephone (____) _____

Other _____

_____ Telephone (____) _____



ATTACH TO APPLICATION:

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, your current family relationships, and your educational growth dynamics.
2. A description of the development of your religious life. 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 the development of your work (vocation) history, including a chronological list of jobs, positions, and dates and a brief statement of your current employment and work relationships.
4. An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the issue(s), problem(s) and 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 previous CPE, include this information in verbatim form.
5. Your impression of Clinical Pastoral Education and your educational goals. 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 this CPE will be used to meet your goals for future ministry.
6. An applicant with prior CPE should attach copies of all previous self and supervisory CPE evaluations.
7. An applicant with prior CPE should indicate the most significant learning experience you had during CPE. State how you have continued to use the clinical method since your previous CPE experience. Indicate strengths and weaknesses that you have as they relate to your ministry and your identity as a professional person.
8. Non-refundable application fee of \$30.00 payable to PHS Pastoral Care.
9. A screening interview conducted through a qualified ACPE Center (onsite for year long Residents and Extended CPE; other CPE Centers for summer).
10. How did you hear about the CPE Program at Presbyterian Healthcare Services?
(Please check all that apply)
ACPE News _____ ACPE website _____ ACPE Directory _____
Other (please specify): _____
11. Retain your own copy of this completed application and bring it with you to any interview for CPE.

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 have certified be false. I hereby give permission to the ACPE Center to which I am applying to read my CPE evaluations, to contact previous supervisors as well as my other references about matters pertaining to this current application, and I consent for those contacted to provide the information sought. I also give permission for the Center's CPE faculty & members of the Center's professional advisory committee to receive & review these materials as part of their selection process. I verify that sending this application electronically constitutes my electronic signature.

Signature of Applicant _____

Date _____ **Social Security # (last four digits)** _____