

ACPE APPLICATION FOR CLINICAL PASTORAL EDUCATION

MAIL ALL APPLICATIONS FOR ALL PROGRAMS TO THIS ADDRESS:

**WellSpan Health - PASTORAL CARE & EDUCATION
1001 S. George Street, P.O. Box 15198, York, PA 17405**

APPLICATION FOR: Summer Extended Residency (only at York) Supervisory
Location Preference for Summer/Extended: York Hospital Gettysburg Hospital No Preference

All Information Must Be Completed:

Name _____

Mailing Address _____

Country & Zip Code _____ Telephone () _____ e-mail _____

Permanent Address _____

_____ Country & Zip Code _____ Telephone () _____

Denomination/Faith Group Affiliation _____

Jurisdiction/District/Diocese/Conference/Association _____

Ordained/Licensed/Appointed _____

Present Position _____

College: Degree/Date _____

Seminary: Degree/Date _____

Grad Schl/Other: Degree/Date _____

PREVIOUS CLINICAL PASTORAL EDUCATION:

<u>Dates</u>	<u>Center</u>	<u>Supervisor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES AND ADDRESSES:

Denomination/Faith Group –Name/Title: _____

_____ Telephone () _____ e-mail: _____

Academic–Name/Title: _____

_____ Telephone () _____ e-mail: _____

Personal—Name/relationship _____

_____ Telephone () _____ e-mail: _____

Signature of Applicant:

_____ Date: _____

Application & Instructions for Clinical Pastoral Education

Please type your responses to the following items.

1. **Please complete the attached form and mail to WellSpan Health, Pastoral Care and Education, 1001 S. George Street, P.O. Box 15198, York, PA 17405.** Read instructions carefully before submission. All questions must be completed. International applicants have additional requirements and deadlines.
2. A reasonably full account of your life. Include significant persons and events as they have impacted your growth and development. Describe your family of origin, current family relationships, and significant social relationships.
3. A description of your spiritual growth and development. Include your faith development/history and describe any subsequent, personal conversions, call to ministry, and significant persons and events that have impacted 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 of your current employment and work relationships. A resume is sufficient.
5. A recent account of a 'helping incident' in which you were the person who provided the help.
 - a. Include the nature of the request, your assessment of the issue and a brief evaluative summary of what you did and how you helped.
 - b. *If you had prior CPE*, please use verbatim format and indicate the most significant learning in your previous training.
 - I. How this CPE training will help you to address any learning issues
6. Your impressions of Clinical Pastoral Education.

For those with no previous CPE:

 - a. Indicate what you believe CPE to be.
 - b. Indicate if CPE is being required of you
 - c. List any learning goals

For those with prior CPE:

 - a. Please list personal/professional strengths/weaknesses
 - b. Indicate any personal/professional learning goals and how this training will address your learning and/or vocational goals.
7. You are required to complete an admissions interview with an ACPE Supervisor or a person approved by the Center for which you are applying. Contact the local CPE center if you need help in locating an interviewer in your area. For residency, an on-site interview is a requirement.
8. International Applicants: You will have to obtain appropriate documentation from U.S. Immigration, which requires a visa and a US Social Security number. This documentation should be approved at least 6 (six) months prior to the program. See http://www.acpe.edu/Exchange_Visitor.htm (ACPE website) or www.wellspan.org Click: Education/Research, Clinical Pastoral Care, International Applicant for complete information.

If offered employment, can you submit verification of your legal right to work in the U.S.? Yes ___ No ___
9. Applicants with previous CPE should attach copies of all previous self and supervisor evaluations.
10. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime? Yes ___ No ___

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 various accredited programs are advertised and offered. This center is accredited by:

Association for Clinical Pastoral Education, Inc.
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Ph: 404.320.1472; Fax: 404 320.0849
Website: www.acpe.edu; e-mail: acpe@acpe.edu

