

**APPLICATION FOR CLINICAL PASTORAL EDUCATION**

**MAIL APPLICATIONS FOR ALL PROGRAMS TO THIS ADDRESS:**

**WellSpan Health - SPIRITUAL CARE AND 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 and Included – INTERNATIONAL APPLICANTS SEE QUESTION #8 ON 2<sup>ND</sup> PAGE**

Name \_\_\_\_\_

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

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

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

Country \_\_\_\_\_ Additional Telephone or Cell (    ) \_\_\_\_\_

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

Jurisdiction/District/Diocese/Conference/Association \_\_\_\_\_

Ordained/Licensed/Appointed \_\_\_\_\_

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

College: Degree/Date \_\_\_\_\_

Seminary: Degree/Date \_\_\_\_\_

Grad School/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. See page limits.

1. **Complete the attached form and mail to WellSpan Health, Spiritual Care and Education, 1001 S. George Street, P.O. Box 15198, York, PA 17405.** Read instructions carefully before submission. International applicants have additional requirements and deadlines.
2. **An account of your life** – Describe your family of origin, current family relationships and significant social relationships and their impact on your ministry. Include significant persons and events (e.g. marriages, divorces, children, deaths, etc.) as they have impacted your growth and development. *(Two pages)*
3. **A description of your spiritual growth and development** - Describe the events and process that led you toward religious leadership. Indicate your current relationship with your faith tradition/group. *(Two pages)*
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 satisfactory. *(Two pages)*
5. **A recent account of when you helped someone and what you learned from this spiritual/religious/pastoral encounter.** *(Four pages)*
  - a. Include the nature of the request, your assessment of the issue/encounter and a brief evaluative summary of what you did and how you helped.
  - b. *If you had prior Clinical Pastoral Education*, please use verbatim format and indicate the most significant learning in your previous training.
6. A. **Your impressions of Clinical Pastoral Education.** *(One page)*
  1. Indicate your expectations of Clinical Pastoral Education.
  2. If Clinical Pastoral Education is being required of you, how do you understand the requirement?
  3. Tell us your personal strengths and weaknesses in meeting/encountering peopleB. **List two learning goals for this program and how CPE training will help you address them.** *(One page)*
  1. Indicate any professional goals and how Clinical Pastoral Education will address them.
  2. Give a brief understanding of how you take responsibility for your learning.
7. **You are required to complete an admissions interview** with an ACPE Supervisor or a person approved by the Center. Check the ACPE website, [www.acpe.edu](http://www.acpe.edu) for center listings. For summer applicants, we accept a written admissions interview, however, a face-to-face suitability meeting is expected to help explain the differences of our two sites – Gettysburg and York Hospitals. **For residency, an on-site interview is a required.**
8. **International Applicants:** WellSpan requires an application submitted **September 1** of the year **prior** to entry. You must 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 months prior to the program. For complete information see: ACPE website: Students: [https://www.acpe.edu/ACPE/ Students/International\\_Students.aspx](https://www.acpe.edu/ACPE/Students/International_Students.aspx)

If offered employment, can you submit verification of your legal right to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

9. **All applicants with previous CPE should attach copies of all previous self and supervisor evaluations.**

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I hereby give my consent to WellSpan Health, Spiritual Care and Education to access my CPE evaluations and previous CPE supervisors about matters pertaining to this current application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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CPE is not a trademark and various accredited programs are advertised and offered. This center is accredited by the



**ACPE: The Standard for Spiritual Care & Education**  
One West Court Square, Suite 325, Decatur, GA 30030  
Ph: 404.320.1472; Fax: 404 320.0849  
Website: [www.acpe.edu](http://www.acpe.edu); e-mail: [acpe@acpe.edu](mailto:acpe@acpe.edu)