



Application for Clinical Pastoral Education

Accredited by ACPE: The Standard for Spiritual Care and Education

1 Concourse Pkwy, Suite 800 Atlanta, GA 30328

T (404) 320-1472 F (404) 320-0849 Email: acpe@acpe.edu Website: acpe.edu

Application for:

☐ Extended ☐ Summer ☐ Residency Earliest date able to begin _____

Current CPE Status:

☐ Prospective CPE Student

☐ Previous CPE Student completed ☐ IA ☐ IB ☐ IIA ☐ IIB

Personal Information:

Name _____

Present Mailing Address

Street Address _____ Apartment Number _____
()
City _____ State _____ Zip Code _____ Phone _____

Permanent Mailing Address

Street Address _____ Apartment Number _____
()
City _____ State _____ Zip Code _____ Phone _____

Email Address: _____

Denomination / Faith Group Affiliation _____

Association, conference, Diocese, Presbytery, _____

Synod _____

Present Position _____ Ordained (Y/N) _____ Date _____

Education

College _____
Name _____ Location _____ Degree _____

Seminary _____
Name _____ Location _____ Degree _____

Graduate _____
Name _____ Location _____ Degree _____

Previous Clinical Pastoral Education

Dates _____ Center _____ Location _____ CPE Educator _____

Dates _____ Center _____ Location _____ CPE Educator _____

Dates _____ Center _____ Location _____ CPE Educator _____

Dates _____ Center _____ Location _____ CPE Educator _____

Attach to the application the following information: #3 onward are from ACPE approved application; #8 personalized with Catholic Health requirement

1. Attach a list of 3 references including name, address and phone number. Submit one reference from each of the following sources: **1) Denomination / Faith Group; 2) Academic; 3) Other**
Applicant provides them with the Catholic Health CPE recommendation form (cf website)
2. **Submit the application fee (\$25.00) payable to Catholic Health and note that it is CPE application fee. Send to Director of Clinical Pastoral Educator (see below).**
3. 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.
4. A description of your spiritual growth and development. Include, for example, the Spiritual/Values-Based Orienting System into which you were born and describe and explain any subsequent, personal conversions, your call to spiritual care, religious or spiritual experiences, and significant persons and events that have impacted, or continue to impact, your spiritual growth and development.
5. 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.
6. 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), and situation. 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 educator 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 spiritual care colleagues and/or administrative supervisor.*
7. 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 spiritual care practice or call to leadership in a theological, spiritual, or values-based system. *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 spiritual care practice 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*
8. You are required to complete an admissions interview with an ACPE Certified Educator, or a person approved by the Catholic Health program ACPE Certified Educator, or at the Catholic Health program with the ACPE Certified Educator and possibly others from the program.
9. **An applicant with prior CPE should attach all previous self and educator evaluations and your signature below indicates you give permission for your previous CPE programs to release your evaluations for purposes of this application process.**
10. Please attach a current resume.

Signature of the Applicant _____ Date _____

- I understand that a background check will be done as part of the application process and successful completion is contingent on full acceptance into the program.
- 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 program to which I am applying to access my CPE evaluations and contact previous educators 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.

Send completed application directly to:

Rev. John T. Crabb, SJ Director of Clinical Pastoral Education
Catholic Health, 992 North Village Avenue, Rockville Centre NY 11570
T (631) 465-6276 Email john.crabb@chsli.org