

**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 program to which you are applying. Read instructions carefully before submitting. 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. 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.
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 spiritual care colleagues and/or 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 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 of learning 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*
7. You are required to complete an admissions interview with a CPE Supervisor, or a person(s) approved by the program to which you are applying, or at the program to which you are applying.
8. CPE Programs often require an application fee and/or unit fee. Please check this requirement in advance of submitting this application.
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. Retain your own copy of this completed application and bring it with you to any interview for CPE.
11. Please attach a current resume.

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 CPE program to which I am applying to access my CPE evaluations and contact previous supervisors/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.

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

CPE Program does not discriminate on the basis of age, gender, physical disability, race, national origin, religion or political belief in any of its educational programs and activities, including employment practices and its policies relating to recruitment and admission of CPE Chaplains.

**Motto: "Excellence in Training for Competent, Compassionate Pastoral Care"**



# Application for CPE

Print or type responses and e-mail completed application to the Christian Health CPE Program via email [CPEProgram@christianhealthnj.org](mailto:CPEProgram@christianhealthnj.org)

Applying for: Fall Extended Unit \_\_\_\_\_ Spring Extended Unit \_\_\_\_\_ Summer Intensive Unit \_\_\_\_\_

Preferred program/site: \_\_\_\_\_ Earliest date you can begin: \_\_\_\_\_

## Applicant Information

Name: \_\_\_\_\_

Permanent address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Country & ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Day Tel.: \_\_\_\_\_ Cell Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing address (if different then above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Country: \_\_\_\_\_ Alt Email: \_\_\_\_\_

Denomination/Endorsing Body/Community of Affirmation (if applicable): \_\_\_\_\_

Name of Local Community: \_\_\_\_\_

Ordained/Licensed/Appointed/Affirmed: \_\_\_\_\_ Date: \_\_\_\_\_

College: Degree(s)/Date(s): \_\_\_\_\_

Seminary: Degree(s)/Date(s): \_\_\_\_\_

Graduate Study: Degree(s)/Date(s): \_\_\_\_\_

Prior CPE Dates:	Program/Location	Supervisor/Educator
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Denominational/Church Reference

(Name/Title): \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

## Academic Reference

(Name/Title): \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

## Personal Reference

(Name/Relationship): \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this application, I understand that understand that neither this application nor any communication is intended to create or creates a contract of employment or a warranty of benefits.**