

Application For Clinical Pastoral Education

APPLYING FOR:

- ☐ Summer Intensive (June-mid Aug)
☐ 3 Unit Residency/Fellowship

☐ Extended (Mid-September – April)

Earliest date you can begin: _____

Name _____ E-mail _____ Date _____

Present Mailing Address _____

Cell Phone _____ Home or Work Phone _____

Permanent Address _____

Denomination/Faith Group Affiliation _____

Association, Conference, Diocese, Presbytery, Synod _____

Present Position _____ Ordained? _____ Date _____

EDUCATION:

Degree & Date Conferred

College _____

Seminary _____

Graduate School _____

PREVIOUS CLINICAL PASTORAL EDUCATION:

Dates

Center

Supervisor

REFERENCES AND ADDRESSES:

Denomination/Faith Group _____

Address: _____

Phone: _____ E-mail _____

Academic _____

Address: _____

Phone: _____ E-mail _____

Other _____

Address: _____

Phone: _____ E-mail _____

ATTACH TO APPLICATION:

1. A reasonably full account of your life, including important events, relationships with people who have been significant to you, and the impact these events and relationships have had on your 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, including events and relationships that affected your faith and currently inform your belief systems.
3. Your current resume. Include a brief statement about 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 "problem," what you did, and a summary evaluation. **If you have had previous CPE, include this information in verbatim form.**
5. Your impression of Clinical Pastoral Education and your educational goals, including how this training will be used to meet your goals for doing ministry.
6. \$50.00 application fee made payable to "Kettering Health CPE."
7. If you are an international applicant, you will have to obtain appropriate documentation from U.S. Immigration, which usually implies a visa and a US Social Security Number. Therefore, international applicants should have such documentation approved at least six (6) months prior to the start of the program to which they are applying. If offered employment, can you submit verification of your legal right to work in the U.S.? Yes ☐ No ☐
8. 12. Have you ever been convicted or pled nolo to a misdemeanor, a felony, or other crime?
Yes ☐ No ☐

THOSE WITH PREVIOUS CPE SHOULD INCLUDE THE FOLLOWING:

9. Copies of all previous CPE final evaluations written by you and your educator. Your signature below indicates you give permission for your previous CPE centers to release your evaluations for purposes of this application process.
10. What was the most significant learning experience in previous CPE and how have you continued to work in this learning method? Illustrate your strengths and weaknesses as a professional person.
11. What are your personal and professional goals and how will continued training aid that process?

Signature of Applicant _____

Date _____

Completed applications and all required essays can be submitted via email to:cpe@ketteringhealth.org orStacie.kirk@ketteringhealth.org**Application fee and/or hard copy of application material can be mailed to:****Kettering Health CPE Center****3535 Southern Blvd., Kettering, OH 45429**

You are required to complete an admissions interview with an ACPE Certified Educator and members of the KH Spiritual Services Team.