

# CPE APPLICATION



CLINICAL PASTORAL EDUCATION  
INTERNATIONAL

<b>Applicant Information</b>		
Name:		Marital Status:
Address: Street/P.O. Box:		Home Phone:
City/State/Zip:		Cell Phone:
Personal Email:		Work Phone:
Work Email:		
<b>Denomination/Faith Group Information</b>		
Name of Faith Group/Religious Affiliation:		Ward & Stake, Presbytery, Diocese, Conference, Association, Synod, etc.
Ordained? ( <i>Click</i> )	YES      NO	Date of Ordination:
<b>Education</b>		<b>Degree &amp; Year</b>
College:		
Seminary:		
Graduate Study:		
<b>Previous Clinical Pastoral Education</b>		
<b>Date</b>	<b>Center</b>	<b>Supervisor</b>

<b>References and Addresses (name, telephone, city, email)</b>		
Denomination/Faith Group:		
Academic:		
Other:		
<i>See Clinical Pastoral Education International Credentialing Manual for Entrance Requirements</i>		
<p><b>Personal History.</b> A description of your life story, 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 and your current family relationships (2 -4 pages).</p> <p><b>Religious Development:</b> A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief system (2-4 pages).</p> <p><b>Ministry Account:</b> An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the need, what you did, and a summary evaluation. If you had previous CPE, include information in pastoral conversation (verbatim) format (2-4 pages).</p> <p><b>Clinical Pastoral Education (CPE):</b> Your impression of CPE as well as your educational and ministry goals (1- 2 pages).</p> <p><b>Resume/ CV:</b> Attach a copy of your resume</p> <p><b>Acknowledgement and Signature:</b> 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 have certified be false. I hereby give permission to the <i>CPEI center</i> to which I am applying to contact my references about matters pertaining to this current application.</p> <p>I verify that if sending in this application electronically it constitutes my electronic signature.</p> <hr/> <p>Printed Name:</p> <p>Signature:</p>		