

CPE SUPERVISORY EDUCATION
APPLICATION



CLINICAL PASTORAL EDUCATION
INTERNATIONAL

Applicant Information

Name:	Marital Status:
Address: Street/P.O. Box:	Home Phone:
City/State/Zip:	Cell Phone:
Personal Email:	Work Phone:
Work Email:	

Denomination/Faith Group Information

Name of Faith Group/Religious Affiliation:	Ward & Stake, Presbytery, Diocese, Conference, Association, Synod, etc.
Ordained? (Click X) <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Ordination:

Education	Degree & Year
College:	
Seminary:	
Graduate Study:	

Previous Clinical Pastoral Education

Date	Center	Supervisor

References and Addresses (name, telephone, city, email)

Denomination/Faith Group:

Academic:

Other:

See Clinical Pastoral Education International Credentialing Manual for Entrance Requirements

Personal History. Demonstrate your awareness of how significant relationships (family and others) and events have influenced the ways you function as a pastoral caregiver.

Theological Development: Briefly describe your theological journey and development.

Vocational History: Provide a chronological list of jobs/positions/dates of employment and a brief statement about your current employment and work relationships (**Include a CV/Resume**).

CPE Journey and Development: Describe your CPE journey highlighting your development as a pastoral caregiver, and the relationship with your CPE Supervisors.

Acknowledgement and Signature: 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 *CPEI center* to which I am applying to contact my references about matters pertaining to this current application.

I verify that if sending in this application electronically it constitutes my electronic signature.

Printed Name:

Signature: