

Department of Pastoral Care Clinical Pastoral Education Program



Contact Information:

Name: _____ U.S. Citizen: Yes ___ No ___
Mailing address: _____ City: _____ ST: _____
Country & ZIP: _____ Email: _____
Day Tel.: _____ cell: _____ Fax: _____
Permanent address: _____ City: _____ ST: _____
ZIP: _____ Country: _____ Alt. Email: _____

If you are an international applicant, you will have to obtain appropriate documentation from U.S. Immigration, which usually requires a visa and a US Social Security Number. If offered employment, you must submit verification of your legal right to work in the U.S. Also, apprise us of the type of visa that you currently hold or are seeking? Yes ___ No ___
International applicants should have such documentation approved at least six (6) months prior to the start of the program to which they are applying.

Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime? Yes ___ No ___

Ecclesiastical Information:

Denomination/Faith Group Affiliation: _____
Jurisdiction/District/Diocese/Conference/Assoc: _____
Jurisdictional Authority (name/title): _____
Local Congregation & Ministry Position: _____
Ordained/Licensed/Appointed: _____ Date: _____

Education Information:

College: Degree/Date: _____
Seminary: Degree/Date: _____
Grad School: Degree/Date: _____

Training program must be accredited by CHEA (Council for Higher Education Accreditation) if applying for full-time CPE residency program.

Program of CPE for which you are applying at ECU Health Medical Center:

_____ CPE Extended Internship Fall _____ Spring _____ Extended _____
_____ CPE Summer Internship 20____
_____ Full-Time CPE Residency August, 20____ to August, 20____

Prior CPE Program Dates:

Attach additional paper, if necessary

Center

ACPE Certified Educator

If you are a pastor of a local church or a leader in your faith group, are ecclesiastical officials aware of your plans to engage in CPE training?

Is CPE required or recommended by your denomination or seminary for graduation or ordination? Explain.

Please respond in writing to each of the following items. Provide typed responses on separate pages.

1. Please attach your responses to the completed Application form and mail to the Center to which you are applying. *Read instructions carefully before submitting.* International applicants have additional requirements and deadlines. You may want to make a copy of a blank Application 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. Include, for example, the faith heritage into which you were born and describe and explain any subsequent, personal conversions, your call to ministry, religious 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 (please attach a current resume). Also, provide 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 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 verbatim **written within the last two years** as your 'helping incident' and add to the verbatim your own notes on how and what you learned from sharing this verbatim with your Certified 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 pastoral colleagues and/or an administrative 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 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. 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 ministry and your identity as a professional person.
7. You are required to complete an admissions interview with an ACPE supervisor or a person approved by the center to which you are applying, or an on-site interview at the center to which you are applying. Contact our center regarding questions about admission interviews.
8. If you had previous CPE attach both your written self-evaluation(s) and your ACPE Certified Educator final evaluation(s) to the materials requested above. Your signature below certifies you have released your evaluations to this designated CPE Center for the purpose of reviewing and processing your application materials.
9. Retain your own copy of this completed application and bring it with you to your CPE interview(s).

References:

Please select three references, one from your faith tradition, academic context, and personal community. The faith group reference can be from your pastor, rabbi, bishop, or a clergy person who knows your work in the role of spiritual care. The academic reference can be from a professor or advisor who knows you as a college or seminary student. The personal reference can be from a member of your community who knows your character, work ethic, and soft skills.

Please send the recommendation form to each reference. They should complete and return to you in a signed and sealed envelope or submit reference forms by emailing Pastoral.Care@ecuhealth.org.

\$25.00 Application fee. Check, money order or cashier's check made payable to ECU Health Medical Center.

To: Jennifer King Congleton, *Administrator Pastoral Care/Volunteer Services*
ECU Health Medical Center
P.O. Box 6028
Greenville, North Carolina 27835-4790
Tel: 252-847-4790

Or

Email to: Pastoral.Care@ecuhealth.org



All ECU Health Medical Center CPE programs are accredited by
ACPE: *The Standard for Spiritual Care & Education*
1 Concourse Pkwy, Suite 800
Atlanta, GA 30328
Phone: (404) 320-1472
<http://www.acpe.edu>

The ACPE Accreditation Commission is recognized as an accrediting agency by the U.S. Department of Education.

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 Center to which I am applying to read my CPE evaluations, to contact previous supervisors as well as my other references about matters pertaining to this current application, and I consent for those contacted to provide the information sought. I also give permission for the Center's CPE faculty & members of the Center's professional advisory committee to receive & review these materials as part of their selection process. I verify that sending this application electronically constitutes my electronic signature.

Signature: _____ Date: _____

Department of Pastoral Care Clinical Pastoral Education Program



Faith Group Reference

Reference Information

Name: _____ Name of Organization: _____

Your Position: _____

Mailing Address: _____

Contact Phone _____ E-Mail: _____

How long have you known the applicant? _____ In what capacity? _____

Signature: _____

Date: _____

If you have any questions, please contact the Pastoral Care/Volunteer Services Administrator at 252-847-4790,
Email: Pastoral.Care@ecuhealth.org

Please return to applicant in a signed and sealed envelope or submit reference form by emailing
Pastoral.Care@ecuhealth.org.

Thank you for assessing the applicant's readiness for Clinical Pastoral Education.

Please evaluate the applicant on the following four point scale by checking the appropriate box:

	Needs Development	Consistently Meets Expectations	Often Exceeds Expectations	Sets a new standard
Cultural Intelligence				
Emotional Intelligence and Maturity				
Reliability				
Interpersonal Skills				
Process Thinking and Reflection				
Ministerial Competence				

Additional Comments:

Department of Pastoral Care Clinical Pastoral Education Program



Academic Reference

Reference Information

Name: _____ Name of Organization: _____

Your Position: _____

Mailing Address: _____

Contact Phone _____ E-Mail: _____

How long have you known the applicant? _____ In what capacity? _____

Signature: _____

Date: _____

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Emotional Intelligence and Maturity				
Reliability				
Interpersonal Skills				
Process Thinking and Reflection				
Ministerial Competence				

Additional Comments:

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Personal Reference

Reference Information

Name: _____ Name of Organization: _____

Your Position: _____

Mailing Address: _____

Contact Phone _____ E-Mail: _____

How long have you known the applicant? _____ In what capacity? _____

Signature: _____

Date: _____

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Reliability				
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Process Thinking and Reflection				
Ministerial Competence				

Additional Comments: