

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 Center or Cluster 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 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 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 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 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 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 ministry or call to ministry. *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. 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 an ACPE Certified Educator or a person approved by the center to which you are applying, or at the center to which you are applying. Contact the center to check on their policy regarding admission interviews.
8. CPE Centers often require an application fee. Please check this requirement in advance of submitting this application. If you are interviewing at a center other than the one to which you are applying, you may be required to pay an interview fee, usually due at the time of the interview.
9. 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___
10. An applicant with prior CPE should attach all previous self and supervisory evaluations and your signature below indicates you give permission for your previous CPE centers to release your evaluations for purposes of this application process.
11. Retain your own copy of this completed application and bring it with you to any interview for CPE.
12. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime? Yes___ No___
13. 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 ACPE center to which I am applying to access my CPE evaluations and contact previous supervisory personnel 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 is not a trademark and variously accredited programs are advertised and offered. This application form has been approved and provided by the

ACPE

One West Court Square, Suite 325 ■ Decatur, GA 30030

Phone: (404) 320-1472 ■ Fax: (404) 320-0849

acpe@acpe.edu ■ www.acpe.edu

Application for Clinical Pastoral Education

Print or type responses and mail completed application to the Center or Cluster to which you are applying.

Applying for: Fall _____ Winter _____ Spring _____ Summer _____ 12 month residency* _____ Extended Unit _____

Preferred program/site: _____ Earliest date you can begin: _____

*Please note that residency programs usually require an in-person interview in their admissions process.

Directory Information

Name: _____ U.S. Citizen: Yes No

Mailing address: _____ City: _____ ST: _____

Country & ZIP: _____ Email: _____

Day Tel.: _____ Alt Tel.: _____ Fax: _____

Permanent address: _____ City: _____ ST: _____

ZIP: _____ Country: _____ Alt Email: _____

Denomination/Faith Group Affiliation: _____

Jurisdiction/District/Diocese/Conference/Assoc: _____

Jurisdictional Authority (name/title): _____

Local Church & Ministry Position: _____

Ordained/Licensed/Appointed: _____ Date: _____

College: Degree/Date: _____

Seminary: Degree/Date: _____

Grad Schl: Degree/Date: _____

Prior CPE Dates:	Center	Educator
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Reference

(Name/Title): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Denominational Reference (name/title): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Personal Reference (name/relationship): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Admissions Interviewer: _____

Address: _____

Interviewer's Ph: _____ Email: _____

Signature of applicant: _____ **Date:** _____

ACPE APPLICATION CHECK LIST

Applicant: _____ **Date:** _____

Prior CPE: yes: _____ no: _____ **Center:** _____

Applying for: **Residency:** _____ **Extended:** _____ **Summer:** _____

DENOMINATION: _____

Application Fee: *(\$25.00, make check payable to Houston Methodist Hospital)* **Yes:** _____ **No:** _____

FERPA Form Signed: **Yes:** _____ **No:** _____

Application Signed and Dated: **Yes:** _____ **No:** _____

Account of My Life: *(at least 2-3 pages long)* **Yes:** _____ **No:** _____

Spiritual Growth and Development: *(at least 2-3 pages long)* **Yes:** _____ **No:** _____

Description of Work (vocational) history: *(at least 1-2 pages long)* **Yes:** _____ **No:** _____

Account of helping incident: *(2-3 pages long/ Residents. Verbatim Form)* **Yes:** _____ **No:** _____

Impressions of Clinical Pastoral Education: *(at least 1-2 pages long)* **Yes:** _____ **No:** _____

US Citizen? **Yes:** _____ **No:** _____

Self - Final Evaluation *(Residents Only)* **Yes** _____ **No** _____

Supervisor's Final Evaluation *(Residents Only)* **Yes** _____ **No:** _____

Note: For CPE Residency Candidate, below are the Clinical Sites you can choose from:

___ Houston Methodist Hospital*
 6565 Fannin St.
 Houston, TX 77030

___ Houston Methodist Clear Lake Hospital
 18300 St. John Dr.
 Nassau Bay, TX 77058

___ Houston Methodist Baytown Hospital
 4401 Garth Rd.
 Baytown, TX 77521

___ Houston Methodist Willowbrook Hospital
 18220 State Hwy. 249
 Houston, TX 77070

___ Houston Methodist West Hospital
 18500 Katy Fwy.
 Houston, TX 77094

___ Houston Methodist The Woodlands Hospital*
 17201 Interstate 45 S.
 The Woodlands, TX 77385

___ Houston Methodist Sugar Land Hospital
 16655 Southwest Fwy.
 Sugar Land, TX 77479

*Training sites

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
STUDENT RECORD INFORMATION RELEASE
ACPE Standards 307.2**

The Family Education Rights and Privacy Act applies to all ACPE CPE programs and ensures privacy right for applicants and students.

Student Name (Printed) _____

Student Driver's License No. _____

As a Clinical Pastoral Education, ACPE applicant, I hereby grant permission to the ACPE Certify Educator or Associate Educator, and interviewers to use my written materials for the initial interview and CPE educational processes. I further grant permission to contact my references listed on the application to provide relevant information about me to the ACPE Center. The application process is considered and treated as confidential.

I have been informed of my right to restrict the directory information that Houston Methodist Hospital uses (names, email, and telephone, date of birth, and community of faith, previous education, unit of CPE completed and photograph). All other information is released only with my written signed and dated consent specifying which records are being disclosed, to whom and for what limited purpose. I understand I can restrict directory information and/or record access at any time during attendance and that restrictions shall be honored even after my departure.

I have reviewed the **Annual Notice** statement in the program description document sent to me during the application process. Further information on this issue can be found at www.acpe.edu.

Signature of applicant

Date

A qualified interviewer is defined as an ACPE Certified Educator, ACPE Certified Associate Educator, Spiritual Care Professionals, or another person who has intimate knowledge of the CPE process, and ACPE Standards and who is able to dynamically engage the applicant and assess readiness for CPE.