

Dear CPE Applicant,

I appreciate your interest in submitting your CPE application to Houston Methodist. We appreciate your effort in ensuring that the application process runs smoothly. To streamline the process, we kindly request that you adhere to the following guidelines:

- **Application Fee:** Submit your application fee to the address below. We accept cash, checks, money orders, or cashier's checks payable to Houston Methodist Hospital.
- **Submission via Email:** When submitting your application by email, please combine all your documentation into a single PDF file using the ACPE Application Checklist as a reference.
- **Submission via Mail:** If you submit your application by mail, please refrain from printing double-sided or stapling your documentation.
- **Writing Requirements:** When addressing each requirement on the ACPE application, please carefully follow the explicit instructions on page three. Also, include the title of each section and elaborate as much as possible.
- **Formatting Guidelines:** Use Arial font, with a font size of 12, for your application responses. Additionally, double-space your document and justify the text. This will enhance the readability and professionalism of your application.
- **Incomplete applications:** Applications with missing signatures or those not meeting the above requirements will be returned to the applicant.

We appreciate your attention to these instructions, as it will greatly assist us in reviewing your application efficiently. Should you have any further questions or concerns, please do not hesitate to contact us at 346.356.1719.

Thank you once again for considering our CPE Program at Houston Methodist.

Luis E. Rodriguez
System Director, CPE
Spiritual Care and Values Integration
7550 Greenbriar Dr, Ste. RB4-300
Houston, Texas 77030
Office: 346.356.1719

ACPE APPLICATION CHECKLIST

CPE Candidates: When submitting your application by email, please submit your documentation in a single PFD file. If you submit your application by mail, do not print double-sided or staple your documentation. Please follow the explicit instructions on the ACPE application when writing about each requirement. Also, use Ariel font, font size 12, double space, and justify your document.

Applicant: _____ **Date:** _____

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

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

DENOMINATION: _____ **Gender:** _____ **Ethnicity:** _____

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

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

FERPA Form and Use of Clinical Material Consent Form Signed: **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/ Verbatim Form if previous CPE Units)* **Yes:** _____ **No:** _____

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

US Citizen/ LRP / Asylee: *(Circle one)* **Yes:** _____ **No:** _____

Resume: **Yes:** _____ **No:** _____

Self-Final Evaluation: *(Residents and Interns with previous CPE units)* **Yes** _____ **No** _____

Educator's Final Evaluation: *(Residents and Interns with previous CPE units)* **Yes** _____ **No:** _____

Education: Masters: _____ BA/BS: _____ Other _____

Resident Clinical Placements:

- ___ Houston Methodist Hospital
6565 Fannin St.
Houston, TX 77030
- ___ Houston Methodist Baytown
4401 Garth Rd.
Baytown, TX 77521
- ___ Houston Methodist West
18500 Katy Fwy.
Katy TX 77084

- ___ Houston Methodist Sugar Land
16655 Southwest Fwy.
Sugar Land, TX 77479
- ___ Houston Methodist Clear Lake
18300 St. John Dr.
Nassau Bay, TX 77058
- ___ Houston Methodist Willowbrook
18220 State Hwy. 249
Houston, TX 77070

- ___ Houston Methodist The Woodlands
17201 Interstate 45 S.
The Woodlands, TX 77385
- ___ Houston Methodist Cypress
24500 Northwest Fwy.
Cypress, TX 77429

Extended Clinical Placement:

- ___ Houston Methodist Hospital
6565 Fannin St.
Houston, TX 77030
- ___ Houston Methodist Baytown
4401 Garth Rd.
Baytown, TX 77521

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

- ___ Houston Methodist West
18500 Katy Fwy.
Katy TX 77084

Application & Instructions for Clinical Pastoral Instructions for CPE

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 program 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 Spiritual/Values-Based Orienting System into which you were born and describe and explain any subsequent, personal conversions, your call to spiritual care, religious or spiritual 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 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 spiritual care 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 spiritual care practice or call to leadership in a theological, spiritual, or values-based system. *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 spiritual care practice 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 program to which you are applying, or at the program to which you are applying. Contact the program to check on their policy regarding admission interviews.
8. CPE Programs often require an application fee. Please check this requirement in advance of submitting this application. If you are interviewing at a program 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 educator evaluations and your signature below indicates you give permission for your previous CPE programs 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. Please attach a current resume.

Spiritual Values is asking where your spirituality and values are based. For some people, this may be within a religious tradition; for others, their spirituality and values are based in a practice, belief, or way of being that guides their life. Your second reference person will be someone who can speak to this aspect of your life.

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 program to which I am applying to access my CPE evaluations and contact previous educators 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:** _____

Application for CPE

Print or type responses and mail completed application **to the program** to which you are applying.

Applying for: Fall _____ Winter _____ Spring _____ Summer _____ 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: _____ Pronouns: _____ 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: _____

Spiritual/Values-Based Orienting System*(see above page): _____

Denomination/Endorsing Body/Community of Affirmation (if applicable): _____

Name of Local Community: _____

Ordained/Licensed/Appointed/Affirmed: _____ Date: _____

College: Degree/Date: _____

Grad Schl: Degree(s)/Date(s): _____

Prior CPE Dates:	Program	Educator
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Reference

(Name/Title): _____

Ph: _____ Address: _____

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

Spiritual/Values-Based Orienting System Reference (name/title): _____

Ph: _____ Address: _____

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

Personal Reference (name/relationship): _____

Ph: _____ Address: _____

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

Admissions Interviewer (If Utilized): _____

Address: _____

Interviewer's Ph: _____ Email: _____

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

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
STUDENT RECORD INFORMATION RELEASE
ACPE Standards 2020**

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.



USE OF CLINICAL MATERIALS CONSENT FORM

This form must be reviewed and signed by the CPE student prior to formal admission to an ACPE accredited CPE program and at the start of each subsequent unit in which the student enrolls.

CPE students shall be informed prior to acceptance into the program, as well as at the start of each subsequent unit, that their clinical materials and recorded and/or live observation media that are pertinent to the certification processes for Certified Educator Candidates or Associate ACPE Certified Educators, that are pertinent to the peer review process for ACPE Certified Educators, that are pertinent to a center's accreditation process, or that are pertinent to ACPE approved research studies, may be used from the unit. **All identifying information shall be redacted from written documents. A copy of this signed agreement shall remain a part of the center's files indefinitely. Materials that are not supported with this signed Consent Form MAY NOT BE USED.**

I, _____ understand that _____
Students' Printed Name *Certified Educator Candidate/Associate ACPE Certified Educator/ACPE Certified Educator*

will use my written evaluation, the above-named educator's written evaluation of me, and other clinical materials pertinent to the above-named educator's process toward certification as an ACPE Certified Educator or as part of the above-named educator's peer review process, and I understand that such materials will have personal information redacted. I understand that the above-named educator will use recorded and/or live observation media that are pertinent to the above-named educator's process toward certification as an ACPE Certified Educator or as part of the above-named educator's peer review process, and I understand that such media may identify me. I understand that this use is for the purpose of the above-named educator's professional development, certification, and/or peer review. I understand that my written materials and live/recorded observation media that may identify me may be read, heard, viewed, and discussed by the above-named educator's professional colleagues as they assess the above-named educator's professional development and competence as an ACPE Certified Educator.

I understand that my clinical materials may be utilized by my center as data for demonstrating compliance with ACPE Standards for accreditation and/or for ACPE approved research studies without further notification to me.

My signature grants consent to all of the above.

I understand that I may revoke this authorization, in writing, to the above-named individual and that if I choose to do this, I will no longer be able to participate in the unit of CPE and will not receive credit for the unit. Any clinical materials and/or live/recorded observation media obtained prior to the revocation of this authorization may still be used by the above-named educator.

Student's Signature

Date

Start and End Dates of the Unit