



# Association for Clinical Pastoral Education Inc.

## Application & Instructions for Clinical Pastoral Education

**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 Russell H. Davis, Ph.D., Chaplaincy Services, Sentara Hospitals, 600 Gresham Drive, Norfolk, Virginia 23507. **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. Please check our website for our preferred pre-requisites and complete application instructions: <http://www.sentara.com/Sentara/HospitalsFacilities/Schools/ClinicalPastoralEducation/>
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. Also, please attach a current resume.
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 supervisor 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. Our application fee is \$35. Applications will not be processed until the fee is received.
8. 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\_\_\_
9. **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 and discuss your evaluations for purposes of this application process.
10. Interviews at this Center are by invitation only and are based on our review and assessment of your completed application. Retain your own copy of this completed application and bring it with you to any interview for CPE.
11. Have you ever been convicted of, or pled *nolo* to a misdemeanor, a felony, or other crime? Yes\_\_\_ No\_\_\_
12. Please contact your references and ask that they send a letter of recommendation to Russell H. Davis, ACPE Supervisor at the address in Instruction #1. The letter should comment on your suitability for hospital ministry and your ability to learn from experience.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application form has been approved and provided by the ACPE & modified by Russell Davis for use in applying to Sentara Hospitals  
CPE is not a trademark and variously accredited programs are advertised and offered.

Association for Clinical Pastoral Education, Inc.  
1549 Clairmont Road, Suite 103 ■ Decatur, GA 30033-4635  
Phone: 404/320-1472 ■ Fax: 404/320-0849  
Email: [acpe@acpe.edu](mailto:acpe@acpe.edu) ■ Website: [www.acpe.edu](http://www.acpe.edu)



Applying for (see Program Descriptions & Pre-Requisites on our website) If applying for more than one program, please indicate preference:

\_\_\_ Residency 2012-2013 (August 26, 2012 – August 25, 2013)

\_\_\_ Internship Full-Time (September – November 2012)

\_\_\_ Internship Full-Time (March – May 2012)

\_\_\_ Internship Part-Time (January - May 2012)

\_\_\_ Internship Full-Time (June - August 2012)

\_\_\_ Internship Part-Time (March - August 2012)

Directory Information

Name: \_\_\_\_\_ U.S. Citizen: Yes No

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Country & ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Mobile.: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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: \_\_\_\_\_

Table with 3 columns: Prior CPE Dates, Center, Supervisor. Includes three rows of input fields.

References (3)

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: \_\_\_\_\_