## SENTARA NORFOLK GENERAL HOSPITAL SCHOOL OF CLINICAL PASTORAL EDUCATION – SUPPLEMENTAL APPLICATION FOR ADMISSION TO PROGRAMS OF CPE

Sentara Norfolk General Hospital School of Clinical Pastoral Education does not discriminate on the basis of age, race, sex, color, creed, national origin, sexual orientation, marital status, or disability.

APPLICATION PROCEDURE: Refer to the CPE Admissions Policies and Procedures, and the CPE Financial Policy for specific information regarding admission requirements, counseling, prerequisites and application deadline dates. Submit this supplemental application form, the application for CPE, and the \$35 application fee by the application deadline date. *Early application is strongly recommended*. The application fee is non-refundable and should be made payable to "Sentara".

ADDRESS: Sentara Norfolk General Hospital, Chaplaincy Services, 600 Gresham Drive, Norfolk, VA 23507.

The Admissions Committee will review only applicant files that are complete. *It is the applicant's responsibility to ensure that all required documentation is received by the school.* After selections have been made, all applicants will be notified whether selected, not selected, or placed on an alternate list. Applicants who are selected and who wish to matriculate will be required to (1) pay a tuition deposit; (2) successfully undergo drug screening and criminal background check; and (3) submit complete medical, immunization, and health insurance verification forms before final acceptance and admission to the school.

## PLEASE FILL IN COMPLETELY AND LEGIBLY:

	Last	First	Middle		All Previous Last Names	
LOCAL			ADDRI	ESS:		
	Number and S	treet				
	_					
	City	State	2	Zip Code		
	Oity	State	<del>-</del>	Zip Code		
SOCIAL SECUR	ITY NUMBER:	-				
TELEPHONE: H	Home: ( )_		Work: (	)		
MILITARY SERV	DRY:	: None Vete Are you eligible for V f any criminal offense o		ional benefits?	_	
If yes, please exp Are you <u>currently</u>	lain offense: _		ulai man	tranic violations:	165 140	
CITIZENSHIP: (c	heck one)	U.S. Citizen *Naturalized U.S *Permanent Residence Country of Citize *Other:* Attach to this application acturalization document. States? Yes	dent – enship on a photocopy	of both sides of yo		r a photocopy of your
		st language? Ye you taken the <i>TOEF</i> Month/Year Taken: Minimum TOEFL score	L (Test of Englis	Score	):	

EMPLOYMENT HISTORY: (Attach resur	ne if desi	ired.)						
Have you ever been employed by Ser	ntara?	_Yes_No Which Sentara Di	vision:_					
Position Held:		Employment Dates: From						
Name & Title of Immediate Supervisor:Phone:_								
Present or Most RecentPosition:								
Place of Employment:	<u>-                                    </u>							
Employment Dates: FromTo_ Description of Responsibilities:								
List all other post high school positions in reverse chronological order. Explain lapses in time.     Employer Location Position Employment Dates								
HIGH SCHOOL: Do you have a high scho	ool diplom	na or GED? Diploma	a (	GED				
		& State of High School OR te where GED was received		Date of Graduation or GED				
<u>POST HIGH SCHOOL:</u> List all educational institutions attended beyond high school in reverse chronological order. If you are currently enrolled, list that school first.								
Name of School and Location (school name, city, state)	Dates Attended (mo/yr to mo/yr)	Curriculum or Major		Degree/Certification/ License/Diploma Rcvd				
How did you <u>first</u> learn of this Sentara of	education	al program?						
ETHICAL CONDUCT AFFIDAVIT								
I certify that: (a) no discipline or corrective action arising from a complaint of unethical or felonious conduct has been imposed or me, and no complaint against me for unethical or felonious conduct is pending in a civil, criminal, ecclesiastical, employment or								

another professional organizations forum; and (b) I have never resigned, been transferred or terminated, nor negotiated a settlement from a position for reasons related to unethical or felonious conduct.

Date: Signature:

If the above cannot be certified, please provide an account of the complaint including the forum, the charges, and the final outcome. Provide the names of people involved in the process that you authorize to provide full information to Sentara representatives. Prior actions are not an automatic bar to being accepted in the CPE program. Each situation will be evaluated on its own merits byour Admission Committee and other consultants from our Professional Advisory Group, Legal Department and Human Resources, as needed. Decisions of the Admission Committee are final and not subject to appeal.

I understand that as a condition of my application and of my employment, should I be hired, that I will provide the School of Clinical

Pastoral Education through the CPE supervisor with timely notice of any current unresolved complaint or of any future complaints
of unethical or felonious conduct filed against me. I agree to provide this in writing in a timely fashion and will submit any relevant
information requested regarding the investigation, adjudication, dismissal or settlement of such complaint. Failure to report or
provide accurate, full and truthful information may be grounds for nullifying my application or for dismissal from the School of
Clinical Pastoral Education.

Date: Signature:

## READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this entire application and its attachments is true. I further understand that falsification of information or incomplete statements herein will result in cancellation of this application. I agree that examination and verification of my employment or previous education, except as it pertains to age, race, sex, color, creed, national origin, marital status or disability, may be made and used relative to my application status. I, therefore, authorize my former employers, persons listed as references and other persons or organizations listed to provide this information and I release all concerned from any liability in connection therewith. I further certify that as of the intended date of enrollment, I will have graduated from an accredited high school or the equivalent and completed, in good standing, additional education and/or degrees as listed on this application and attachments. I also understand that the application fee is not refundable.

Applicant's Signature:	Date: