

HealthCare Chaplaincy
 College of Pastoral Care
 Department of CPE
 307 East 60th Street
 New York, NY 10022-1505
 Phone 212.644.1111
 Fax 212.486.1440
 www.healthcarechaplains.org



APPLICATION FOR CLINICAL PASTORAL EDUCATION

<p>Candidate: First Name _____ Middle Initial _____ Last Name _____ Other Former Names _____ Present Address _____ Phone _____ Permanent Address _____ Phone _____ Date of Birth _____ E-mail Address _____</p>	<p>Today's Date _____</p> <p>Program applied for:</p> <p>Full-Time Unit (11 Weeks) <input type="checkbox"/> summer</p> <p>Extended Unit (part-time, 20 weeks or longer) <input type="checkbox"/> fall start <input type="checkbox"/> spring start</p>												
<p>Faith group affiliation: _____ Assoc/Conf/Diocese/Presb/Synod _____ Current professional position _____ Since _____ Are you ordained/professed/commissioned? _____ If yes, give date _____</p>													
<p>Education: Undergraduate School _____ City _____ State _____ Degree/ Major _____ Date received _____ Graduate School _____ City _____ State _____ Degree/ Major _____ Date received _____ Seminary _____ City _____ State _____ Degree/ Major _____ Date received _____ What language(s) do you speak? _____</p>													
<p>Previous clinical pastoral education (Please list number of units, dates, center, and supervisor):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Dates</th> <th style="width: 40%;">Center</th> <th style="width: 40%;">Supervisor</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Dates	Center	Supervisor									
Dates	Center	Supervisor											
<p>References (Please give the HCC reference form to the people named below): Reference forms should be received at HCC within 10 days of receiving your application.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Profession</th> <th style="width: 40%;">Address</th> </tr> </thead> <tbody> <tr> <td>Denominational _____</td> <td> </td> <td> </td> </tr> <tr> <td>Academic _____</td> <td> </td> <td> </td> </tr> <tr> <td>Other _____</td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Profession	Address	Denominational _____			Academic _____			Other _____		
Name	Profession	Address											
Denominational _____													
Academic _____													
Other _____													
<p>Program preferences (If you have a preference about location, institution, or supervisor, please indicate here): _____</p>													

HealthCare Chaplaincy is accredited by the Association for Clinical Pastoral Education (ACPE).

All Applicants-- include essays with the application and sign and date at the bottom of the page:

1. A reasonably full account of your life including important events, relationships with persons who have been significant to you, and the impact of these events and relationships on your development. Describe your family of origin, your current family relationships, and your educational growth dynamics. (at least one page)

2. A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief systems. (at least one page)

3. A description of the development of your work (vocation) history, including a chronological list of positions and dates.

4. An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the "problem," what you did, and a summary evaluation. If you have had previous CPE, include this information in verbatim form.

5. Your impressions of clinical pastoral education and your educational goals, including how this training will be used to meet your goals for ministry.

6. If you have had previous CPE, attach copies of your own and your supervisor's evaluations. Also, please include a statement of your most significant learning experience in CPE and how you have continued to work in this learning method. Illustrate your strengths and weaknesses as a professional person.

7. Have you ever been convicted of a felony? Yes ____ No ____ If yes, please explain (attach additional pages if necessary): _____

8. International Students: Do you currently have the appropriate visa to be enrolled in any of our programs? _____
(Please sign and date and include a copy of your visa)

9. Three letters of reference sent directly to Registrar from your recommenders using the HCC reference form.

10. An application fee payment of \$50 (see Tuition page of website).

____I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the CPE program, I understand that false, misleading or misrepresented information, or the omission of relevant information in my application or interview may result in withdrawal of acceptance and/or my immediate release.

Signature: _____ Date: _____

I am aware that my application materials may be read by professionals involved in the admission process in addition to a Clinical Pastoral Education supervisor.

Signature _____ Date _____

Mail or fax application to: Registrar, HealthCare Chaplaincy
307 East 60th Street; New York, NY 10022-1505
Fax: 212 486 1440

HealthCare Chaplaincy is accredited by the Association for Clinical Pastoral Education (ACPE).

Optional: HealthCare Chaplaincy seeks to draw students from all racial and ethnic groups in our society. Please indicate any group(s) in which you would include yourself. Please specify which nationality or country where a line is provided:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Multiracial/Biracial:
_____ | <input type="checkbox"/> African
American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Latino/Hispanic:
_____ |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Caribbean:
_____ | <input type="checkbox"/> Ashkenazic Jew |
| <input type="checkbox"/> East/Southeast Asian:
_____ | <input type="checkbox"/> Pacific Islander:
_____ | <input type="checkbox"/> South Asian:
_____ | <input type="checkbox"/> Central Asian:
_____ |
| <input type="checkbox"/> Middle Eastern:
_____ | <input type="checkbox"/> African:
_____ | <input type="checkbox"/> British/European:
_____ | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Sephardic Jew | <input type="checkbox"/> Native American:
_____ | | <input type="checkbox"/> Other:
_____ |

Any disclosure of ethnic background is completely voluntary and optional, and omitting or providing answers will not affect consideration of your application. The information is used solely for compliance with civil rights laws. HealthCare Chaplaincy does not discriminate in its admissions decisions on the basis of race, color, religion, gender, sexual orientation, national origin, age, marital status, or disability.

How did you first hear about HealthCare Chaplaincy?

- Through a website
- A notice in a faith-based organization's bulletin or newsletter
- A friend or acquaintance told me about it
- An add in a general newspaper or magazine
- A hospital or other healthcare facility had information about it
- A notice in my seminary
- Other: _____