

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.healthcarechaplancy.org



Application for Clinical Pastoral Education SUPERVISORY EDUCATION PROGRAM

Today's Date _____		
Name: _____		
Present Address:		Permanent Address:
_____		_____
_____		_____
_____		_____
Phone:		Permanent Phone:
_____		_____
Date of birth (optional): _____		
Faith group affiliation _____ Ordained: yes ___ no ___ Date: _____		
Assoc/Conf/Diocese/Presb/Synod _____		
Present position _____		Since _____
Education:		
Undergrad. _____	Degree received _____	Date _____
Seminary _____	Degree received _____	Date _____
Other graduate school _____	Degree received _____	Date _____
What language(s) do you speak?		
Previous clinical pastoral education:		
Dates	Center	Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____
References (Please give the HealthCare Chaplaincy reference form to the people named below):		
	Name	Address
Denominational	_____	_____
Academic	_____	_____
Other	_____	_____
(Over)		

Attach to the application:

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 your educational growth dynamics.
2. A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief systems.
3. A description of the development of your work (vocation) history, including a chronological list of positions and dates.
4. A statement concerning your reasons for entering into supervisory education.
5. Provide copies of your self-evaluations and supervisor's evaluations from all previous CPE units.
6. Demonstration of pastoral skills: two verbatims or one case study are recommended.
7. A three page paper on Theology of Pastoral Care.
8. A copy of any ACPE committee actions reports of consultations, if appropriate.
9. Documentation of Theological Degree or equivalency.
10. Documentation of Ordination, if appropriate.
11. Documentation of any board certifications, e.g. APC, NACC, NAJC, if appropriate.
12. Note: three letters of reference should be sent directly from your recommenders using the forms provided.
13. Provide a written statement on how the SCC Common Standards have been met.
14. An application fee payment of \$100 (see Tuition page of website for instructions).

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 application to: The Rev. Dr. Martin Montonye
Director of Clinical Pastoral Education
HealthCare Chaplaincy
307 East 60th Street
New York, NY 10022-1505

If you have questions concerning the application process:

Phone: 212 644 1111
Fax: 212 486 1440
E-mail: mmontonye@healthcarechaplaincy.org