

APPLICATION FOR CLINICAL PASTORAL EDUCATION

<p>Today's Date: _____ Candidate:</p> <p>Name _____</p> <p>Present Address _____</p> <p>_____</p> <p style="text-align: right;">Phone _____</p> <p>Permanent Address _____</p> <p>_____</p> <p style="text-align: right;">Phone _____</p> <p>Social security number _____</p> <p>Date of birth (<i>optional</i>) _____</p> <p>E-mail address:</p> <p>_____</p>	<p>Program applied for:</p> <p>Full Time Unit (11 Weeks)</p> <p><input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall</p> <p>Extended Unit (Part-time, 20 weeks or longer)</p> <p><input type="checkbox"/> fall start <input type="checkbox"/> winter start <input type="checkbox"/> spring start</p> <p>Please check a Fall/Winter/Spring start box for units.</p> <p>Residency (full-time, year long)</p> <p><input type="checkbox"/> Pastoral Care Residency - Level I & II</p> <p><input type="checkbox"/> Specialty Residency - level II</p> <p><input type="checkbox"/> Supervisory Residency</p>									
<p>Faith group affiliation _____</p> <p>Assoc/Conf/Diocese/Presb/Synod _____</p> <p>Current professional position _____ Since _____</p> <p>Are you ordained/professed/commissioned? _____ If yes give date: _____</p>										
<p>Education</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">College _____</td> <td style="width: 20%;">Degree _____</td> <td style="width: 30%;">Date received _____</td> </tr> <tr> <td>Seminary _____</td> <td>Degree _____</td> <td>Date received _____</td> </tr> <tr> <td>Other graduate study _____</td> <td>Degree _____</td> <td>Date received _____</td> </tr> </table> <p>What language(s) do you speak?</p>		College _____	Degree _____	Date received _____	Seminary _____	Degree _____	Date received _____	Other graduate study _____	Degree _____	Date received _____
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<p>Previous clinical pastoral education</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Dates</td> <td style="width: 40%;">Center</td> <td style="width: 30%;">Supervisor</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Dates	Center	Supervisor	_____	_____	_____	_____	_____	_____
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<p>References (<i>Please give the three provided reference forms to the people named below:</i>)</p> <p style="text-align: center;">References should be received at HCC within 10 days of receiving your application</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Name</td> <td style="width: 50%; text-align: center;">Address</td> </tr> <tr> <td>Denominational _____</td> <td>_____</td> </tr> <tr> <td>Academic _____</td> <td>_____</td> </tr> <tr> <td>Other _____</td> <td>_____</td> </tr> </table>		Name	Address	Denominational _____	_____	Academic _____	_____	Other _____	_____	
Name	Address									
Denominational _____	_____									
Academic _____	_____									
Other _____	_____									
<p>Program preferences (<i>If you have a preference about location, institution, or supervisor, please indicate here.:</i>)</p>										

Attach to the application (numbered, single-sided pages, no staples please!):

- ❑ 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.
- ❑ 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. 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 doing ministry.
- ❑ 6. **If you have had previous CPE, attach copies of your own and your supervisor’s evaluations.** Also, please include a statement of the most significant learning experience in CPE and how you have continued to work in this learning method. Illustrate your strengths and weakness as a professional person.
- ❑ 7. An admissions interview by an ACPE supervisor or other qualified person. (CPE Supervisors, seminary liaison professors, and regional directors may recommend interviewers. Those in the New York area should be interviewed through The HealthCare Chaplaincy **after** the application is submitted.)

Admissions interview conducted by _____
Address _____

- ❑ 8. **Our financial aid form if you are requesting aid**, and/or a statement of any special needs which would affect your participation in CPE (e.g. disability considerations, transportation, housing, financial).
- ❑ 9. Today’s date _____ Your signature _____

Applicants for ALL Residency programs:

We encourage you to consult our Residency supervisors before completing questions 10-11. Contact our Registrar at the number below, to be put in touch with the appropriate supervisor.

- ❑ 10. A statement of your intended personal and professional learning goals for a Residency and how this will serve your ministry formation.

Applicants for the Specialty Residency:

- ❑ 11. A statement of your intended specialty including your motivation for choosing the specialty, the kind of resources that you will need, and curriculum elements that you will need.

12. Optional:

The 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:

<u> </u> Multiracial/Biracial:	<u> </u> African American	<u> </u> Caucasian	<u> </u> Puerto Rican
<u> </u> Dominican	<u> </u> Other Caribbean:	<u> </u> Other Latino/Hispanic:	<u> </u> Ashkenazic Jew
<u> </u> Sephardic Jew	<u> </u> Korean	<u> </u> East/Southeast Asian:	<u> </u> Pacific Islander:
<u> </u> South Asian:	<u> </u> Native American:	<u> </u> Middle Eastern:	<u> </u> African:
<u> </u> British/European:	<u> </u> Central Asian:	<u> </u> 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. The 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.

13. How did you first hear about The HealthCare Chaplaincy?

- Through a web site
 - A notice in a faith-based organization’s bulletin or newsletter
 - A friend or acquaintance told me about it
 - An ad in a general newspaper or magazine
 - A hospital or other healthcare facility had information about it
 - Other:
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14. Send your completed application to:

The HealthCare Chaplaincy
attn. Registrar
FAX: (212) 486-1440
307 E. 60th Street
New York, NY 10022

Revised Fall 2004
www.healthcarechaplaincy.org