

**Application for Clinical Pastoral Education
STANFORD HOSPITAL AND CLINICS
CHAPLAINCY SERVICE**

APPLICATION FOR: ___ Winter ___ Spring ___ Summer ___ Fall ___ Year ___ Extended Earliest date you can begin _____

Name _____ Telephone (____) _____ - _____

Address _____

Permanent Address _____ Zip Code _____

_____ Zip Code _____

Current Standing in CPE: _____ Basic _____ Supervisory _____ Prospective CPE Student

Denomination/Faith Group Affiliation _____

Association, Conference, Diocese, Presbytery, Synod _____

Present Position _____ Ordained? _____ Date _____

EDUCATION:

College _____ Degree _____

Seminary _____ Degree _____

Graduate Study _____ Degree _____

PREVIOUS CLINICAL PASTORAL EDUCATION:

<u>Dates</u>	<u>Center</u>	<u>Supervisor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES:

Denomination/Faith Group _____ Telephone (____) _____ - _____

Address _____ Zip Code _____

Academic _____ Telephone (____) _____ - _____

Address _____ Zip Code _____

Other _____ Telephone (____) _____ - _____

Address _____

ATTACH TO APPLICATION:

1. A reasonably full account of your life, including important events, relationships with people who have been significant to you, and the impact these events and relationships have had on your development. Describe your family of origin, your current family relationships and your educational growth dynamics.

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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 impression of Clinical Pastoral Education and your educational goals, including how this training will be used to meet your goals for doing ministry.
6. An admissions interview by an ACPE Supervisor or another qualified person. (CPE Supervisors, Seminary Liaison Professors, and Regional Directors may recommend interviewer.)

Admission interview conducted by: _____

Address: _____ Zip Code: _____

7. Application fee of \$25 payable to Stanford Hospital and Clinics.

THOSE WITH PREVIOUS CPE SHOULD COMPLETE THE FOLLOWING:

8. Copies of previous CPE evaluations written by you and your supervisor.
9. What was the most significant learning experience in previous CPE and how have you continued to work in this learning method? Illustrate your strengths and weaknesses as a professional person.
10. What are your personal and professional goals and how will continued training aid that process?

Signature of Applicant: _____

Date: _____ Social Security Number: _____

File: CPE Application

*The Stanford program is accredited by the Association for Clinical Pastoral Education, Inc., 1549 Clairmont Road, Suite 103, Decatur, GA 30033, to offer CPE levels I & II as well as Supervisory CPE.