

Application for Certified Educator Programs

PRINT or TYPE responses and submit completed application

DIRECTLY to the Accredited Program and a COPY to the ACPE Office at certification@acpe.edu.

Portfolio Guidelines and an invoice for the \$350 application fee will be sent upon receipt of the application.

Directory Information

| | | | |
|-----------------------------------|--------------|-------------------------|-----------------|
| Full Name: | | | |
| <i>Last</i> | <i>First</i> | <i>M.I.</i> | Pronouns |
| Address: | | | |
| <i>Street Address</i> | | <i>Apartment/Unit #</i> | |
| <i>City/State</i> | | <i>Zip Code</i> | <i>Country</i> |
| Phone: | | Email: | |
| U. S. Citizen: YES _____ NO _____ | | | |

| | |
|----------------------------------------------------------------|-------|
| Spiritual/Values-Based Orienting System/Community Affiliation: | |
| Authorizing Body: | |
| Authorizing Body Representative (Name/Title): | |
| Ordained/Licensed/Appointed/Affirmed: | Date: |
| College Name/Degree/Date: | |
| Seminary Name/Degree/Date: | |
| Grad School Name/Degree/Date: | |

CPE Unit History

| Program Name | #of ACPE Certified Units |
|--------------|--------------------------|
| | |
| | |
| | |

References

Academic

| | | |
|-----------------|--------|------|
| Name and Title: | | |
| Email: | Phone: | |
| Address: | | |
| City: | State: | Zip: |

Spiritual/Values-Based Orienting System Community

| | | |
|-----------------|--------|------|
| Name and Title: | | |
| Email: | Phone: | |
| Address: | | |
| City: | State: | Zip: |

Personal

| | | |
|-----------------|--------|------|
| Name and Title: | | |
| Email: | Phone: | |
| Address: | | |
| City: | State: | Zip: |

Please respond to the following questions. Please note that some questions require only a written response and some questions allow for an alternative response. Each written response should be written at a graduate level, single-spaced, 12 pt. font, and not more than five (5) pages. Documents will be uploaded to the applicant's portfolio. Instructions for setting up the portfolio will be made available upon receipt of the Application for Certified Educator Programs by the ACPE Office (certification@acpe.edu).

These questions focus on how you have met the competencies in each of the six areas (Professionalism; Relationship and Identity; Education; Conceptualization and Integration; and, Leadership and Organizational Development) for entry into the Certification process. A copy of the competencies may be found on the Certification page at www.acpe.edu. Please note that it is the responsibility of the applicant to also complete the "What is your evidence?" column of the [Admission Competencies Assessment Form](#).

Questions

1. **A personal history presentation.** In either a paper or video, demonstrate your awareness of how significant relationships and events have influenced the ways in which you provide spiritual care. Include how your development of self is influenced by familial relationships/dynamics, significant events, and spiritual/theological/meaning-making development. Key to responding to this question is to articulate one's understanding and knowledge of how socio-economic, cultural systems and structures have influenced your personal identity.
2. **A theological/philosophical/grounding Paper.** Articulate your theological/philosophical/grounding foundation for your approach to spiritual care and the various tributaries that influenced your understanding. Key to responding to this question is to illustrate your theological/spiritual/meaning-making journey and development and to highlight those who contributed to your grounding. Be sure to include descriptions of your concept of the "Divine," humankind, suffering, and community, and how each influences your practice of spiritual care.
3. **A description of your work (vocational) history.** Include a chronological list of jobs/positions/dates of employment and a brief statement about your current employment and work relationships.
4. **A "verbatim" account in which you were the person providing spiritual care.** This document should demonstrate and articulate your expertise as a spiritual care provider. Include an in-depth reflection of your assessment of the care receiver's spiritual needs, your chosen interventions, the impact your interventions had on addressing the situation. Describe how your personhood and personal history informed your practice of spiritual care within this event, as well as, how your theology/philosophy/grounding influenced your assessment and interventions.
5. **A cultural awareness paper.** Articulate your cultural background and its impact on the manner in which you provide spiritual care in a multicultural environment. You should speak to the particular elements of your cultural background and how these might help or hinder your ability to provide effective spiritual care in a multicultural environment.
6. **A video recording.** Record a teaching event in which you were the primary educator. It should reflect your gifts in the area of didactic teaching and demonstrate one's abilities to integrate academic knowledge into your spiritual care.
7. **A description of your CPE journey** Describe the impact that this type of education has had on your development as a spiritual caregiver. Include your understanding of what it means to be an ACPE Certified Educator and your motivation for entering this educational process.
8. **Include all CPE evaluations,** your written evaluations and your Certified Educator's evaluations.
9. **Provide a written statement** on how you met Level I and Level II outcomes.

Acknowledgement and Signature

I certify that all information in this application is factually true, complete, and honestly presented. I understand that I may be subject to disciplinary action, including admission revocation or program expulsion, should the information I have certified be false. I hereby give permission to the ACPE center to which I am applying to access my CPE evaluations and contact previous ACPE educators about matters pertaining to this current application, and I consent for those contacted to provide the information sought. I verify that if sending in this application electronically it constitutes my electronic signature.

Printed Name:

Signature:

Date: