

Please respond to each of the following items. Your typed responses on separate pages would be appreciated.

1. Please complete the attached form and mail to the Center to which you are applying. Read instructions carefully before submitting. International applicants have additional requirements and deadlines. You may want to make a copy of a blank form before entering any data.
2. A reasonably full account of your life. Include, for example, significant and important persons and events, especially as they have impacted, or continue to impact, your personal growth and development. Describe your family of origin, current family relationships, and important and supportive social relationships.
3. A description of your spiritual growth and development. Include, for example, the faith heritage into which you were born and describe and explain any subsequent, personal conversions, your call to ministry, religious experiences, and significant persons and events that have impacted, or continue to impact, your spiritual growth and development.
4. 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.
5. An account of a "helping incident" in which you were the person who provided the help. Include the nature and extent of the request, your assessment of the issue(s), problem(s), situation(s). Describe how you came to be involved and what you did. Give a brief, evaluative commentary on what you did and how you believe you were able to help. *If you have had prior and **recent** CPE, please attach a copy of a **recent** verbatim as your 'helping incident' and add to the verbatim your own notes on how and what you learned from sharing this verbatim with your supervisor and/or peers. If you have had CPE, but it was more than two years ago, include a recent account of a helping incident, written up in a verbatim format. If possible, include feedback from current pastoral colleagues and/or administrative supervisor.*
6. Your impressions of Clinical Pastoral Education. Indicate, for example, what you believe or imagine CPE to be. Indicate if CPE is being required of you. Indicate any learning goals or issues of which you are aware and would like to address in CPE. Finally, indicate how CPE may be able to help you meet needs generated by your spiritual care practice or call to ministry. *If you have had prior CPE, please indicate the most significant learning experience you had during CPE. State how you have continued to use the clinical method since your previous experience. Indicate strengths and weaknesses that you have as they relate to your ministry and your identity as a professional person. Indicate any personal and/or professional learning goals and issues that you have at this time and how you believe that CPE will help you to attain or address these learning goals and issues*
7. You are required to complete an admissions interview with an ACPE Certified Educator or a person approved by the center to which you are applying, or at the center to which you are applying. Contact the center to check on their policy regarding admission interviews.
8. CPE Centers often require an application fee. Please check this requirement in advance of submitting this application. If you are interviewing at a center other than the one to which you are applying, you may be required to pay an interview fee, usually due at the time of the interview.
9. If you are an international applicant, you will have to obtain appropriate documentation from U.S. Immigration, which usually implies a visa and a US Social Security Number. Therefore, international applicants should have such documentation approved at least six (6) months prior to the start of the program to which they are applying. If offered employment, can you submit verification of your legal right to work in the U.S.? Yes
No _____
10. An applicant with prior CPE should attach all previous self and supervisory evaluations and your signature below indicates you give permission for your previous CPE centers to release your evaluations for purposes of this application process.
11. Retain your own copy of this completed application and bring it with you to any interview for CPE.
12. Please attach a current resume.
13. Please attach a current picture

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've certified be false. I hereby give permission to the ACPE center to which I am applying to access my CPE evaluations and contact previous supervisory personnel 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.

Signature: _____ Date: _____

Application for Clinical Pastoral Education

Print or type responses and mail completed application to the Center or Cluster to which you are applying.

Applying for: Fall _____ Winter _____ Spring _____ Summer _____ 12 month residency* _____ Extended Unit _____

Preferred program/site: _____ Earliest date you can begin: _____

*Please note that residency programs usually require an in-person interview in their admissions process.

Directory Information

Name: _____ U.S. Citizen: Yes No

Mailing address: _____ City: _____ ST: _____

Country & ZIP: _____ Email: _____

Day Tel.: _____ Alt Tel.: _____ Fax: _____

Permanent address: _____ City: _____ ST: _____

ZIP: _____ Country: _____ Alt Email: _____

Faith Group/Affiliation: _____

Denomination or Endorsing Body (if applicable): _____

Name of Local Faith Community: _____

Ordained/Licensed/Appointed: _____ Date: _____

College: Degree/Date: _____

Grad Schl: Degree(s)/Date(s): _____

Prior CPE Dates:	Center	Educator
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Reference

(Name/Title): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Faith Group Reference (name/title): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Personal Reference (name/relationship): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Admissions Interviewer: _____

Address: _____

Interviewer's Ph: _____ Email: _____

Signature of applicant: _____ **Date:** _____



Application for Certified Educator Programs

PRINT or TYPE responses and submit completed application

DIRECTLY to the Accredited Center and a COPY to the ACPE National 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:	<hr/>		
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:	<hr/>		
	<i>Street Address</i>		<i>Apartment/Unit #</i>
	<hr/>		
	<i>City/State</i>	<i>Zip Code</i>	<i>Country</i>
Phone:	<hr/>		Email: <hr/>
U. S. Citizen:	YES <input type="checkbox"/> NO <input type="checkbox"/>		

Spiritual or Religious Community Affiliation:
Authorizing Body:
Authorizing Body Representative (Name/Title):
Ordained/Licensed/Appointed: <hr/>
Date: <hr/>
College Name/Degree/Date: <hr/>
Seminary Name/Degree/Date: <hr/>
Grad School Name/Degree/Date: <hr/>

CPE Unit History	
Center Name	#of ACPE Certified Units

References

Academic

Name and Title:
Email: <hr/>
Phone: <hr/>
Address: <hr/>
City: <hr/>
State: <hr/>
Zip: <hr/>

Spiritual or Religious Community

Name and Title:
Email: <hr/>
Phone: <hr/>
Address: <hr/>
City: <hr/>
State: <hr/>
Zip: <hr/>

Personal

Name and Title:
Email: <hr/>
Phone: <hr/>
Address: <hr/>
City: <hr/>
State: <hr/>
Zip: <hr/>

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

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- Include all CPE evaluations,** your written evaluations and your Certified Educator's evaluations.
- 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: