



Providence Center for Faith and Healing  
 101 W Eighth Avenue  
 Spokane, WA, 99204  
 (509) 474-7312

Association for Clinical Pastoral Education, Inc.  
 55 Ivan Allen Jr. Boulevard, Suite 835  
 Atlanta, Georgia 30308  
 (404) 320-1472

**Application for Clinical Pastoral Education**

Name: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_

Denominational Affiliation: \_\_\_\_\_

Association, Conference, Diocese, Presbytery, Synod: \_\_\_\_\_

Present Position: \_\_\_\_\_ Ordained? \_\_\_\_\_ Date: \_\_\_\_\_

**EDUCATION**

**Degree**

**Date**

College: \_\_\_\_\_

Seminary: \_\_\_\_\_

Graduate Study: \_\_\_\_\_

**PREVIOUS CLINICAL PASTORAL EDUCATION**

**Dates**

**Center**

**Supervisor**

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES / ADDRESSES**

Denominational: name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Academic: name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Attach to your application the following, single-spaced papers: ( use 11/12 font, single space)**

1. A reasonably full account (min. 3 to max. 5 pages) of your life including important events and relationships with persons who have been significant to you, and the impact of these on your development. Describe your immediate family, your health, and your educational experience.
2. A discussion (3-5 pages) of the development of your religious life, religious organizations you have affiliated with, your participation in the life and ministry of the church, your decision to enter the ministry, and other significant religious experiences.
3. A discussion of your work history, including a chronological list of positions and dates. (A resume may suffice)
4. A description (1-2 pages) of an incident in which you were called on to help someone spiritually and/or emotionally--the nature of the request, your understanding of the request, and how you attempted to help.
5. Your impression of clinical pastoral education and your experience of CPE. Indicate whether this CPE is required, and if so, by whom. (1 page or less)
6. A description of any special needs you will have during CPE (i.e., housing, financial aid, transportation, disability considerations). (1 page or less)
7. Copies of your and your supervisor's evaluations of previous CPE (if any).
8. A recent photograph.
9. Non-refundable Application Fee, if applicable to desired ACPE Center
10. **Admissions Interview conducted by: (RESIDENCY)** The Admissions Committee requires a personal interview at the Center unless extenuating circumstances prevail. **(SUMMER)** If you are not able to do a personal interview with this Center's Admission Committee, an Admissions Interview by an ACPE Supervisor or other qualified person will suffice. Your Seminary liaison professor, or a Regional Directors (see ACPE web site) may recommend qualified interviewers. **(EXTENDED)** A personal interview with this Center's Admissions Committee is required.

Name of Interviewer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

11. Application for:  Residency  Summer  Fall  Spring,  Extended

12. Earliest date you can begin: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_