

Application and Instructions for Clinical Pastoral Education

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

1. Complete the attached form and mail to the address at the bottom of this page. Read instructions carefully before submitting. International applicants have additional requirements and deadlines (see requirement #9). You may want to make a copy of a blank form before entering any data. Your signature at the bottom of Pages 1 and 2 must be legible.
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 (vocation) history. Include a chronological list of jobs/positions/dates of employment and a brief statement about your current employment and work relationships.
5. Attach a current résumé.
6. An account of a "helping incident" in which you were the person who provided 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, 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.*
7. 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 ministry or call to ministry. *If you have had prior CPE, 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.*
8. The William Beaumont Hospital CPE Center requires a non-refundable \$35 Application Processing Fee (payable to *Beaumont CPE Center*). Also, upon acceptance into our program, an admission fee of \$75 is required to hold your place. This \$75 fee is later credited to your tuition account. If you are interviewing at a center other than the William Beaumont Hospital CPE Center, you may be required to pay an interview fee, usually due at the time of the interview.
9. You are required to complete an admissions interview with an ACPE supervisor or a person approved by the William Beaumont Hospital CPE Center. Contact a local CPE center if you need help in locating an interviewer in your area. Applicants for CPE residency at William Beaumont Hospital must be interviewed at William Beaumont Hospital.
10. If you are an international applicant, you will have to obtain appropriate documentation from U.S. Immigration, which includes a visa sponsored by ACPE, Inc. and a U.S. Social Security Number. Therefore, international applicants should have such documentation approved at least six (6) months prior to the start of the program for which they are applying. If offered a stipended residency, can you submit verification of your legal right to work in the U.S.? Yes No
11. An applicant with prior CPE should attach copies of all previous self and supervisory CPE evaluations and your legible signature below indicates you give permission for your previous CPE center(s) to release your evaluations for purposes of this application process.
12. Retain your own copy of this completed application and bring it with you to any interview for CPE.
13. Have you ever been convicted or pled *nolo* to a misdemeanor, felony, or other crime? Yes No

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 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.

Signature of Applicant: _____ **Date:** _____

SIGNATURE MUST BE LEGIBLE

Questions? Telephone 248 551 2908 or 248 551 8237

Send your completed application to

Attention: The Reverend D. Carl Buxo, Director, Spiritual Care & Pastoral Education

Department of Pastoral Education, Site 305

Beaumont Health – Royal Oak, 3711 W. 13 Mile Road, Royal Oak, MI 48073-6769

APPLICATION FOR CLINICAL PASTORAL EDUCATION

Print or type responses and mail completed application the address on Page 1.

APPLYING FOR: Extended (Sept - Apr; part-time day) 12-month Residency
 Extended (Jan - May; part-time day)
 Summer Intensive (Jun - Aug; full-time) Earliest date you can begin: _____

Directory Information

NAME: _____ E-MAIL ADDRESS: _____ U.S. CITIZEN: YES NO

MAILING ADDRESS: _____ CITY/STATE: _____ ZIP/COUNTRY: _____

CELL PHONE: _____ ALT PHONE: _____ FAX: _____

PERMANENT ADDRESS: _____ CITY: _____ ZIP/COUNTRY: _____

DENOMINATION/FAITH GROUP AFFILIATION: _____

JURISDICTION/DISTRICT/DIOCESE/CONFERENCE/ASSOCIATION: _____

JURISDICTIONAL AUTHORITY (NAME/TITLE): _____

LOCAL CHURCH & MINISTRY POSITION: _____

ORDAINED/LICENSED/APPOINTED: _____ DATE: _____

COLLEGE, DEGREE & DATE: _____

SEMINARY, DEGREE & DATE: _____

GRAD SCHOOL, DEGREE & DATE: _____

PRIOR CPE DATES:	CENTER	SUPERVISOR
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

ACADEMIC (NAME/TITLE/INSTITUTION): _____

PHONE: _____ E-MAIL ADDRESS: _____

MAILING ADDRESS: _____ CITY/STATE: _____ ZIP/COUNTRY: _____

DENOMINATIONAL (NAME/TITLE/INSTITUTION): _____

PHONE: _____ E-MAIL ADDRESS: _____

MAILING ADDRESS: _____ CITY/STATE: _____ ZIP/COUNTRY: _____

PERSONAL (NAME/TITLE): _____

PHONE: _____ E-MAIL ADDRESS: _____

MAILING ADDRESS: _____ CITY/STATE: _____ ZIP/COUNTRY: _____

INTERVIEWING SUPERVISOR (NAME/TITLE/INSTITUTION): _____

PHONE: _____ E-MAIL ADDRESS: _____

MAILING ADDRESS: _____ CITY/STATE: _____ ZIP/COUNTRY: _____

SIGNATURE OF APPLICANT (SIGNATURE MUST BE LEGIBLE): _____ **DATE:** _____

The Beaumont Health CPE Center is Accredited through the
 Association for Clinical Pastoral Education, Inc.; 1 West Court Square, Suite 325; Decatur, Georgia 30033-2538
 Ph: 404.320.1472; Fax: 404.320.0849; E-mail: acpe@acpe.edu; website: www.acpe.edu