Application for CPE

Please enclose the $50.00 non-refundable processing fee with your application for the unit you are applying for. An interview will be scheduled once this application, processing fee, reference letters and recent photograph has been received.

Unit applying for: October – April; extended Year \_\_\_\_\_\_\_\_\_\_

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

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

Telephone ( H, W or C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupational History: (Starting with most recent)

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational History

HS / GED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous CPE: Yes No

 If yes, Date: \_\_\_\_\_\_\_\_\_\_\_ CPE Center: \_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

REFERENCES: Please fill out the top portion of the enclosed Letter of Reference Form and supply a copy to three references. List the names of the three references below. Reference givers are instructed to fill out the bottom portion of the form and then mail directly to: Carilion Clinic, Chaplaincy Services, 1906 Belleview Ave., Roanoke, VA 24014

Reference - Academic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference - Religious/spiritual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference - Person of another profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

READ CAREFULLY BEFORE SIGNING:

I certify that the information contained in this application and its attachments is true. I understand that falsification of information or incomplete statements will result in cancellation of this application. I agree that examination and verification of my employment and previous CPE education, except as it pertains to age, race, sex, color, creed, national origin, marital status or disability, may be made and used relative to my application status. I authorize my former CPE supervisors, employers, persons listed as references and other persons or organizations listed to provide this information and I release all concerned from any liability in connection therewith. I certify that as of the intended date of enrollment I will have graduated from an accredited high school or the equivalent and completed, in good standing, additional education and/or degrees as listed on this application and attachments. I understand that the application fee is not refundable.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accredited by the Association for Clinical Pastoral Education, Inc.**

**One West Court Square, Suite 325, Decatur, GA 30030**

**Carilion Medical Center**

**Department of Chaplaincy and Clinical Pastoral Education**

CPE Application: On a separate sheet of paper, please respond to the following and attach to the application along with the application fee ($50.00) and a recent photograph. Once application is complete the center will contact the applicant regarding the interview possibility. Please make check to “Carilion Clinic – CPE”

1. 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.
2. 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.
3. A description of your professional goals for ministry. Include how you anticipate utilizing CPE and include 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, 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*
4. 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), and situation. 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.*
5. Respond to the following:
6. Have you ever been suspended or dismissed from another CPE Program?
7. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime?
8. Comment on your physical and emotional health which may affect your ability to perform the duties of CPE and an intern in this department. Also include medications or drugs, legal or illegal including alcohol which may affect your ability to perform your duties as a CPE intern.
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.
10. Copies of your and your CPE supervisors final evaluations. (if applicable)

 Return this application to:

 Richard Brown – Chaplaincy and CPE

1906 Belleview Ave

Roanoke VA 24014