

# ACPE Application for Clinical Pastoral Education

Association for Clinical Pastoral Education Inc.

**APPLICATION FOR:**

\_\_\_\_ Spring (Jan-May)  
\_\_\_\_ Summer (May-Aug)      \_\_\_\_ Residency  
\_\_\_\_ Fall (Aug-Dec)

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

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

Current standing in CPE: \_\_\_\_ Level 1 \_\_\_\_ Level 2 \_\_\_\_ Supervisory \_\_\_\_ Prospective CPE student

Present mailing address: \_\_\_\_\_

ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Permanent mailing address: \_\_\_\_\_

ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Denomination/faith group affiliation: \_\_\_\_\_

Association, conference, diocese, presbytery, synod: \_\_\_\_\_

Present position: \_\_\_\_\_ Ordained? \_\_\_\_\_ Date: \_\_\_\_\_

**EDUCATION**

**Degree and Date**

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

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

Graduate study: \_\_\_\_\_

**PREVIOUS CLINICAL PASTORAL EDUCATION**

**Dates**

**Center**

**Supervisor**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Denomination/faith group: \_\_\_\_\_

ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Other \_\_\_\_\_

ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**ATTACH TO APPLICATION:**

1. A cover letter describing your interest and qualifications.
2. A reasonably full account of your life, including important events, relationships with people who have been significant to you and the impact these events and relationships have had on your development. Describe your family of origin, your current family relationships and your educational growth dynamics.
3. A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief systems.
4. A standard résumé (including a chronological list of positions and dates).
5. An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the "problem," what you did to help and a summary evaluation. If you have had previous CPE, include this information in verbatim form.
6. Your impression of Clinical Pastoral Education and your educational goals, including how this training will be used to meet your goals for doing ministry.
7. If not a seminary student, please enclose a letter of endorsement from your faith group, congregation or denomination.
8. Application fee of \$50 made payable to Norton Healthcare, to be applied toward tuition (not applicable if you are a student at LPTS). Application fee is nonrefundable.

**IF YOU HAVE PREVIOUS CPE, COMPLETE THE FOLLOWING:**

10. Copies of previous CPE evaluations written by you and your supervisor.
11. What are your personal and professional goals and how will continued training aid that process?

**Signature of applicant:** \_\_\_\_\_

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

***Mail this application directly to:***

**Rev. Mary Burks, CPE Director  
Norton Healthcare Pastoral Care Dept.  
Norton Healthcare Pavilion, Suite 525  
315 E. Broadway  
Louisville, KY 40202**

**OR email it to CPE secretary:**

**patti.browning@nortonhealthcare.org**