

**APPLICATION FOR CLINICAL PASTORAL EDUCATION  
SUPERVISORY EDUCATION PROGRAM**

Name _____ Present Address _____ _____ Phone _____ Permanent Address _____ _____ Phone _____ Social security number ( <i>required</i> ) _____ Date of birth ( <i>optional</i> ) _____	Today's Date _____												
<b>Faith group affiliation</b> _____ Ordained __yes__no Date__ Assoc/Conf/Diocese/Presb/Synod _____ Present position _____ Since _____													
<b>Education</b> College _____ Degree _____ Date received _____ Seminary _____ Degree _____ Date received _____ Other graduate study _____ Degree _____ Date received _____ What language(s) do you speak? _____													
<b>Previous clinical pastoral education</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Dates</th> <th style="width: 40%;">Center</th> <th style="width: 30%;">Supervisor</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Dates	Center	Supervisor	_____	_____	_____	_____	_____	_____	_____	_____	_____
Dates	Center	Supervisor											
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<b>References</b> ( <i>Please give the three provided reference forms to the people named below.</i> ) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Name</th> <th style="width: 80%;">Address</th> </tr> </thead> <tbody> <tr> <td>Denominational</td> <td>_____</td> </tr> <tr> <td>Academic</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> </tr> </tbody> </table>		Name	Address	Denominational	_____	Academic	_____	Other	_____				
Name	Address												
Denominational	_____												
Academic	_____												
Other	_____												
<b>(Over)</b>													

**Attach to the application:**

1. A reasonably full account of your life including important events, relationships with persons who have been significant to you, and the impact of these events and relationships on your development. Describe your family of origin, your current family relationships your educational growth dynamics.
2. A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief systems.
3. A description of the development of your work (vocation) history, including a chronological list of positions and dates.
4. A statement concerning your reasons for entering into supervisory education.
5. Provide copies of your self-evaluations and supervisor's evaluations from all previous CPE units.
6. Demonstration of pastoral skills: two verbatims or one case study are recommended.
7. A three page paper on Theology of Pastoral Care.
8. A copy of any ACPE committee actions reports of consultations, if appropriate.
9. Documentation of Theological Degree or equivalency.
10. Documentation of Ordination, if appropriate.
11. Documentation of any board certifications, e.g. APC, NACC, NAJC, if appropriate.
12. Note: three letters of reference should be sent directly from your recommenders using the forms provided.

I am aware that my application materials will be read by professionals involved in the admission process in addition to a Clinical Pastoral Education supervisor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail application to:     The Rev. A. Meigs Ross  
                                  Director of Clinical Pastoral Education  
                                  The HealthCare Chaplaincy  
                                  307 East 60<sup>th</sup> Street  
                                  New York, NY 10022-1505

If you have questions concerning the application process:

Phone: 212 644 1111, ext. 211  
Fax:     212 486 1440  
E-mail: [mross@healthcarechaplaincy.org](mailto:mross@healthcarechaplaincy.org)