

**HealthCare Chaplaincy**  
**College of Pastoral Care**  
**Department of CPE**  
 307 East 60<sup>th</sup> Street  
 New York, NY 10022-1505  
 Phone 212.644.1111  
 Fax 212.486.1440  
 www.healthcarechaplancy.org



**Application for Clinical Pastoral Education**  
**SUPERVISORY EDUCATION PROGRAM**

Today's Date \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Present Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Permanent Phone: \_\_\_\_\_  
 Date of birth (optional): \_\_\_\_\_

**Faith group affiliation** \_\_\_\_\_  
 Ordained: yes \_\_\_ no \_\_\_ Date: \_\_\_\_\_ Endorsed: yes \_\_\_ no \_\_\_  
 Assoc/Conf/Diocese/Presb/Synod \_\_\_\_\_  
 Present position \_\_\_\_\_ Since \_\_\_\_\_

**Education:**  
 Undergrad. \_\_\_\_\_ Degree received \_\_\_\_\_ Date \_\_\_\_\_  
 Graduate \_\_\_\_\_ Degree received \_\_\_\_\_ Date \_\_\_\_\_  
 Seminary \_\_\_\_\_ Degree received \_\_\_\_\_ Date \_\_\_\_\_  
 Other graduate school \_\_\_\_\_ Degree received \_\_\_\_\_ Date \_\_\_\_\_  
 What language(s) do you speak? \_\_\_\_\_

**Previous clinical pastoral education:**  

| Dates | Center | Supervisor |
|-------|--------|------------|
| _____ | _____  | _____      |
| _____ | _____  | _____      |
| _____ | _____  | _____      |

**References** (Please give the HealthCare Chaplaincy reference form to the people named below):  

|                | Name  | Address |
|----------------|-------|---------|
| Denominational | _____ | _____   |
| Academic       | _____ | _____   |
| Other          | _____ | _____   |

**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, and your educational growth dynamics. Minimum 3-5 pages.
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. Current resume or CV.
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: three verbatim or one verbatim and one case study are recommended. Note: These should represent your best work, but should also be typical, not singular, examples of your pastoral care practices.
7. A three page paper on Theology of Pastoral Care.
8. A copy of any ACPE committee actions reports or consultations, if appropriate.
9. Documentation of Theological Degree or equivalency.
10. Documentation of Ordination, if appropriate.
11. Documentation of endorsement, if appropriate.
12. Documentation of any board certifications, e.g. APC, NACC, NAJC.
13. Note: three letters of reference should be sent directly from your recommenders using the forms provided.
14. Provide a written statement on how the SCC Common Standards have been met.
15. An application fee payment of \$100 (see Tuition page of website for instructions).

Application will only be reviewed if complete. Incomplete application will not be processed.

I am aware that my application materials may be read by professionals involved in the admission process.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Mail application to:

Kirby Sabra  
Registrar  
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. 219

Fax: 212 486 1440

E-mail: [ksabra@healthcarechaplancy.org](mailto:ksabra@healthcarechaplancy.org)