

*Application For*  
**Clinical Pastoral Education**



**GENERAL INFORMATION:**

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

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

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Denomination/Faith Group Affiliation: \_\_\_\_\_

Association, Conference, Diocese, Presbytery, Synod: \_\_\_\_\_

Present Position: \_\_\_\_\_ Ordained? Yes / No

**EDUCATION:**

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

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

Seminary: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Seminary: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

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

**PREVIOUS CLINICAL PASTORAL EDUCATION: (ACPE, CPSP, or other accredited)**

Dates

Center

Supervisor

\_\_\_\_\_

**REFERENCES AND ADDRESSES (3):**

**Denomination/Faith Group:**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other:**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other:**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**ATTACHMENTS**

**All applicants should attach to the application:**

**Personal History:** 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, formative persons, values and commitment, and educational growth dynamics.

**Spiritual/Religious Formation:** A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief systems.

**Vocational Development:** A description of the development of your work (vocation) history, including a chronological list of positions and dates (resume).

**Pastoral Care Experience:** An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the situation, what you did, and a summary evaluation. If you have had previous CPE, you might include this account in a "verbatim" format.

**Your Impression of CPE and Your Educational Goals:** Why are you interested in taking Clinical Pastoral Education? How do you anticipate this training will be used to meet your goals for future ministry? State your reasons, hopes and purpose for taking this unit of CPE. Outline your main goals.

**Pastoral Function and Areas of Struggle:** What is your definition of the pastoral function and what are the areas of struggle for you presently, both theological and pastoral.

**Those with previous clinical training should complete the following:**

1. Include copies of previous CPE evaluations written by you and your supervisor(s).
2. What was the most significant learning experience in previous CPE and how have you continued to work in this learning method? Illustrate you strengths and weaknesses as a professional person.

**APPLICATION FEE**

Please include with your application a \$50 check payable to *"Meritus Medical Center"*.

**Signature Of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail application to: Spiritual Care Services  
Meritus Medical Center, Suite 2904  
1116 Medical Campus Road  
Hagerstown, MD 21742