



Application for Clinical Pastoral Education

Mail completed application to: The Director of Pastoral Education
Saint Luke's Hospital
4401 Wornall Road
Kansas City, MO 64111

Applying for:

Extended (Sept – April, 14 hrs/week) _____ Summer (12 weeks, full time) _____
Residency (Sept – Aug, full time) _____ Supervisory Residency (two to three years, full time) _____

Personal information

Name: _____
Mailing address: _____ City: _____ State & Zip: _____
Day Tel: _____ Alt Tel: _____ E-mail: _____
Permanent address _____ City: _____ State & Zip: _____
Denomination/Faith Group Affiliation: _____
Jurisdiction/District/Diocese/Conference/Assoc.: _____
Jurisdictional Authority (name/title): _____
Local Church & Ministry Position: _____
Ordained/Licensed/Appointed: _____ Date: _____
College/University: Degree/Date: _____
Seminary: Degree/Date: _____
Prior CPE: Date _____ Center _____ Supervisor _____

Academic Reference

Name/Title: _____
Address: _____ City: _____ State & Zip: _____
Phone: _____ E-mail: _____

Denominational Reference

Name/Title: _____
Address: _____ City: _____ State & Zip: _____
Phone: _____ E-mail: _____

Personal Reference

Name/Title: _____
Address: _____ City: _____ State & Zip: _____
Phone: _____ E-mail: _____

The applicant should give the Saint Luke's Hospital reference form to these three people to complete and return.

Although an on-site admissions interview is preferable, when this is not possible applicants for the extended and summer units may have an admissions interview with an ACPE CPE Supervisor in their local area. If so please indicate:

Interviewing supervisor: _____ Date of interview: _____
Address: _____ E-mail: _____

Please attach this form with the essay questions and return to the address above together with a \$25 application fee (payable to SLHS CPE Fund).

Signature of applicant: _____ **Date:** _____

ATTACH TO APPLICATION:

1. 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.
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. 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, and a summary evaluation. If you have had previous CPE, include this information in verbatim form.
5. Your impression of Clinical Pastoral Education and your educational goals, including how this training will be used to meet your goals for doing ministry.
6. An admissions interview by an ACPE Supervisor or another qualified person. (CPE Supervisors, Seminary Liaison Professors, and Regional Directors may recommend interviewer).

Admission Interview Conducted by_____

Address_____

Zip Code

7. Application fee if required by center.

THOSE WITH PREVIOUS CPE SHOULD COMPLETE THE FOLLOWING:

8. Copies of previous CPE evaluations written by you and your supervisor.
9. What was the most significant learning experience in previous CPE and how have you continued to work in this learning method? Illustrate your strengths and weaknesses as a professional person.
10. What are your personal and professional goals and how will continued training aid that process?

Signature of Applicant_____

Date_____

Send this application directly to the CENTER or CLUSTER to which you are applying.

All CPE at Saint Luke’s Hospital is conducted under the Standards of the:
Association for Clinical Pastoral Education, Inc.

1549 Clairmont Road; Suite 103; Decatur, GA 30033-4635

Phone: (404) 320.1472 Fax: (404) 320.0849

ACPE Email: acpe@acpe.edu WebSite: www.acpe.edu