



**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: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 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 SLH 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](mailto:acpe@acpe.edu) WebSite: [www.acpe.edu](http://www.acpe.edu)