

Application for Clinical Pastoral Education

Please print and mail to CPE Supervisor, Spiritual Services, Baystate Medical Center

759 Chestnut Street Springfield, MA 01199

Application is for: _____ Winter _____ Spring _____ Summer _____ Fall _____ Extended _____ Year

Earliest Date You Can Begin: _____

Name _____ Email address _____

Present Mailing
Address _____ Telephone _____

Permanent
Address _____ Telephone _____

Denomination/Faith Group
Affiliation _____

Association, Conference, Diocese, Presbytery, Synod _____

Present Position _____ Ordained? _____ Date: _____

EDUCATION:

Degree

College _____

Seminary _____

Graduate Study _____

PREVIOUS CLINICAL PASTORAL EDUCATION:

Dates

Center

Supervisor

_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES AND ADDRESSES:

Denomination/Faith Group _____

City/state/zip _____ Telephone _____

Academic _____

City/state/zip _____ Telephone _____

Other _____

City/state/zip _____ Telephone _____

PLEASE ATTACH THE FOLLOWING TO YOUR 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.

Admission Interview conducted by _____

Address _____

Telephone () _____ Date Interview Conducted _____

THOSE WITH PREVIOUS CPE SHOULD COMPLETE THE FOLLOWING: *

1. Copies of previous CPE evaluations written by you and your supervisor.
2. What are your personal and professional goals and how will continued training aid that process?

*PLEASE NOTE: CPE Residency programs usually require an in-person interview in their admissions process.

SIGNATURE OF APPLICANT _____

DATE _____ SOCIAL SECURITY # _____