

# Application for Clinical Pastoral Education

## Baystate Medical Center

Application is for: Summer Extended (Circle one)

Year(s) \_\_\_\_\_ Earliest Date You Can Begin: \_\_\_ / \_\_\_ / \_\_\_

### PERSONAL INFORMATION:

Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Are you a U.S. citizen? \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email address \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

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

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

Present Position \_\_\_\_\_

Are you ordained? \_\_\_\_\_ If so, Date: \_\_\_\_\_ Are you seeking ordination? \_\_\_\_\_

### EDUCATION:

#### Undergraduate College

Name of School \_\_\_\_\_

Degree received: \_\_\_\_\_ Date received: \_\_\_\_\_

#### Seminary/Theological Study

Name of School \_\_\_\_\_

Degree received: \_\_\_\_\_ Date received: \_\_\_\_\_

#### Graduate Study

Name of School \_\_\_\_\_

Degree received: \_\_\_\_\_ Date received: \_\_\_\_\_

**PREVIOUS CLINICAL PASTORAL EDUCATION:**

<u>Prior CPE Dates</u>	<u>CPE Center</u>	<u>CPE Supervisor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REFERENCES:**

Name of Academic Reference \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Name of Denominational Reference \_\_\_\_\_

Denomination/Faith Group \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Name of Personal Reference \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:**

1. A reasonably full account of your life. Include, for example, significant and important persons and events, especially as they have impacted, or continue to impact, your personal growth and development. Describe your family of origin, current family relationships, and important and supportive social relationships.
2. A description of your spiritual growth and development. Include, for example, the faith heritage into which you were born and describe and explain any subsequent, personal conversions, your call to ministry, religious experiences, and significant persons and events that have impacted, or continue to impact, your spiritual growth and development.
3. A description of your work (vocational) history. Include a chronological list of jobs/positions/dates of employment and a brief statement about your current employment and work relationships.
4. An account of a "helping incident" in which you were the person who provided the help. Include the nature and extent of the request, your assessment of the issue(s), problem(s), situation(s). Describe how you came to be involved and what you did. Give a brief, evaluative commentary on what you did and how you believe you were able to help. If you have had prior and recent CPE, please attach a copy of a recent verbatim as your 'helping incident' and add to the verbatim your own notes on how and what you learned from sharing this verbatim with your supervisor and/or peers. If you have had CPE, but it was more than two years ago, include a recent account of a helping incident, written up

- in a verbatim format. If possible, include feedback from current pastoral colleagues and/or administrative supervisor.
5. Your impressions of Clinical Pastoral Education. Indicate, for example, what you believe or imagine CPE to be. Indicate if CPE is being required of you. Indicate any learning goals or issues of which you are aware and would like to address in CPE. Finally, indicate how CPE may be able to help you meet needs generated by your ministry or call to ministry. If you have had prior CPE, please indicate the most significant learning experience you had during CPE. State how you have continued to use the clinical method since your previous experience. Indicate strengths and weaknesses that you have as they relate to your ministry and your identity as a professional person. Indicate any personal and/or professional learning goals and issues that you have at this time and how you believe that CPE will help you to attain or address these learning goals and issues.
  6. An applicant with prior CPE should attach all previous self and supervisory evaluations and your signature below indicates you give permission for your previous CPE centers to release your evaluations for purposes of this application process.

I certify that all information in this application is factually true, complete, and honestly presented. I understand that I may be subject to disciplinary action, including admission revocation or program expulsion, should the information I've certified be false. I hereby give permission to the ACPE center to which I am applying to access my CPE evaluations and contact previous supervisory personnel about matters pertaining to this current application, and I consent for those contacted to provide the information sought. I verify that if sending in this application electronically it constitutes my electronic signature.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

The application fee is \$40. Upon enrollment into Baystate Medical Center's CPE program, the application fee will count towards the tuition cost.

Please mail application and application fee to:

Mr. Thomas Chirdo  
 CPE Supervisor  
 Department of Spiritual Services  
 Baystate Medical Center  
 759 Chestnut Street  
 Springfield, MA 01199

**Optional:**

Baystate Medical Center seeks to draw students from all social groups and does not discriminate in its admissions decisions on the basis of race, color, religion, gender, sexual orientation, national origin, age, marital status, or disability. Any disclosure of social identity is completely voluntary and optional, and omitting or providing answers will not affect consideration of your application. The information will be used to help evaluate compliance with civil rights laws and Baystate Medical Center's commitment to diversity and inclusion.

If you choose, please specify how you self-identify regarding any or all of the following social identities:

Race: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Nation of Origin: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Sexual Orientation: \_\_\_\_\_  
 Ability: \_\_\_\_\_

**Thank you.**