

## Clinical Pastoral Education/Training Application Form

This application is to be sent to the CPSP CPE training center that you are applying to by email or postal mail. To complete this form electronically: Go to "File" and select "Save As". Save the form to your computer. Complete the form and click "Save" again before closing it. It may be emailed as an attachment to the recipient(s).

<b>Candidate's Full Name:</b>			
<b>Mailing Address:</b>			
<b>City:</b>	<b>State/Prov:</b>	<b>ZIP/MAIL CODE:</b>	<b>COUNTRY:</b>
<b>Telephone Number – Home:</b>		<b>Telephone Number – Cell:</b>	
<b>Email Address:</b>		<b>Denomination/Faith Group:</b>	
<b>Jurisdiction/District/Diocese/Conference/Assoc:</b>			
<b>Ordained/Licensed/Appointed:</b>			
<b>College: Degree/Date:</b>			
<b>Seminary: Degree/Date:</b>			
<b>Grad Schl: Degree/Date:</b>			

<b>Prior CPE Dates:</b>	<b>Center:</b>	<b>Supervisor:</b>

Please address the following questions:

- 1) **Autobiographical Reflection:** Provide a reflective autobiographical account of your life giving attention to pivotal life events and relationships that have shaped who you are as person. Please be specific and personal.
- 2) **Helping Incident:** Describe a situation where you provided help to someone(s) facing a difficult life situation. Please supply a reflective critique of your intervention. Applicants who have been in CPE training will address this question by providing a Clinical Case.
- 3) **CPE/CPT Training:** What's your understanding of Clinical Pastoral Education/Training and what do you hope to gain for your personal/professional development?
- 4) **Curriculum Vitae:** Please provide a brief Curriculum Vitae that documents your education, training and work experiences.

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