

Association for Clinical Pastoral Education Application & Instructions for Clinical Pastoral Education

Please respond to each of the following items. Your typed responses on separate pages would be appreciated.

- 1. Please complete the attached form and mail to the Center or Cluster to which you are applying. Read instructions carefully before submitting. International applicants have additional requirements and deadlines. You may want to make a copy of a blank form before entering any data.
- 2. <u>A reasonably full account of your life.</u> 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.
- 3. 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.
- 4. <u>A description of your work (vocational) history.</u> Include a chronological list of jobs/positions/dates of employment and a brief statement about your current employment and work relationships.
- 5. 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.
- 6. 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
- 7. You are required to complete an admissions interview with an ACPE supervisor or a person approved by the center to which you are applying, or at the center to which you are applying. Contact the center to check on their policy regarding admission interviews.
- 8. CPE Centers often require an application fee. Please check this requirement in advance of submitting this application. If you are interviewing at a center other than the one to which you are applying, you may be required to pay an interview fee, usually due at the time of the interview.
- 9. If you are an international applicant, you will have to obtain appropriate documentation from U.S. Immigration, which usually implies a visa and a US Social Security Number. Therefore, international applicants should have such documentation approved at least six (6) months prior to the start of the program to which they are applying. If offered employment, can you submit verification of your legal right to work in the U.S.? Yes.___ No___
- 10. 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.
- 11. Retain your own copy of this completed application and bring it with you to any interview for CPE.
- 12. Please attach a current resume.

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.

CPE is not a trademark and variously accredited programs are advertised and offered. This application form has been approved and provided by the



Association for Clinical Pastoral Education

Application for Clinical Pastoral Education

Print or type responses and mail completed application to the Center or Cluster to which you are applying.

Applying for: Fall Winter	_ Spring	Summer	12 month residency*	Extended Unit
Preferred program/site:			Earliest date you can beg	
*Please note that residency	programs usually	require an in-p	erson interview in their admis	sions process.
Directory Information				
Name:				U.S. Citizen: Yes No
Mailing address:				
Country & ZIP:		Email:		
Day Tel.:	Alt Tel.:		Fax:	
Permanent address:		City:		ST:
ZIP: Country:		A	Alt Email:	
Denomination/Faith Group Affiliation:				
Jurisdiction/District/Diocese/Conference	/Assoc:			
Jurisdictional Authority (name/title):				
Local Church & Ministry Position:				
Ordained/Licensed/Appointed:			Date:	
College: Degree/Date:				
Seminary: Degree/Date:				
Grad Schl: Degree/Date:				
Prior CPE Dates:	Center		Supervisor	
				
Academic Reference				
(Name/Title):				
Ph:	Address:			
City:	ST:	ZIP:	Email:	
Denominational Reference (name/title): _				
Ph:	Address:			
City:	ST:	ZIP:	Email:	
Personal Reference (name/relationship): _				
Ph:	Address:			
City:	ST:	ZIP:	Email:	
Admissions Interviewer:				
Address:				
Interviewer's Ph:		Email:		
Signature of applicant:			Date:	

Association for Clinical Pastoral Education

2020 Accreditation Manual Required Center Policies Guide for Student Records

ANNUAL NOTICE

The ACPE CPE Center at East Jefferson General Hospital (EJGH) will protect the privacy concerns of each student through careful and confidential recordkeeping. EJGH adheres to the following ACPE CPE mandates:

- Guarantees to its students the rights to inspect and review education records, to seek to amend them, and to specify control over release of record information, and to file a complaint against the center for alleged violations of the Family Education Rights and Privacy Act (FERPA).
- A student has the right to object to record content. If not negotiable, the written objection will be kept with and released with the record. Grades are exempted from this right.
- This center defines "education official" as the ACPE Certified Educator and the administrative assistant(s) supporting the Department of Pastoral Care. These people process CPE applications and may have access to student records without student consent.
- Violations of these protocols may be reported to:

Chair of the Accreditation Commission ACPE 55 Ivan Allen Jr. Boulevard, Suite 835 Atlanta, GA 30308

> Phone: (404) 320-1472 Fax: (404) 320-0849 Email: <u>www.acpe.edu</u>

ACPE 2016 STANDARD 307.2

ACPE 2016 ACCREDITATION MANUAL APPENDIX 7B

The **Family Education Rights and Privacy Act** (FERPA) applies to all ACPE CPE programs and ensures privacy rights for applications and students.

(Further information on this issue can be found at www.acpe.edu).

Student Name (Printed)	
As ACPE Clinical Pastoral Education applicant, I hereby gra and interviewers to use my written materials for the initial in processes. I further grant permission to contact my reference provide relevant information about me to the ACPE Center. to be considered and treated as confidential.	terview and CPE educational es listed on the application to
I have been informed of my right to restrict the directory info Hospital uses to name, address, email, telephone, date of birt of CPE completed, and photograph. All other information w signed, and dated consent specifying which records are being limited purpose. I understand that I can restrict directory info time during attendance and that restrictions shall be honored	th, religion, previous education, unit will be released only with my written, g disclosed, to whom and for what cormation and/or record access at any
I have reviewed the Annual Notice statement in the program during the application process.	description document sent to me
Signature of Applicant	Date



USE OF CLINICAL MATERIALS CONSENT FORM

This form must be reviewed and signed by the CPE student prior to formal admission to an ACPE accredited CPE program and at the start of each subsequent unit in which the student enrolls.

CPE students shall be informed prior to acceptance into the program, as well as at the start of each subsequent unit, that their clinical materials and recorded and/or live observation media that are pertinent to the certification processes for Certified Educator Candidates or Associate ACPE Certified Educators, that are pertinent to the peer review process for ACPE Certified Educators, that are pertinent to a center's accreditation process, or that are pertinent to ACPE approved research studies, may be used from the unit. All identifying information shall be redacted from written documents. A copy of this signed agreement shall remain a part of the center's files indefinitely. Materials that are not supported with this signed Consent Form MAY NOT BE USED.

I, understand that					
Students' Printed Name Certified Educator Candida will use my written evaluation, the above-named educator's written ev	ate/Associate ACPE Certified Educator/ACPE Certified Educator raluation of me, and other clinical materials				
pertinent to the above-named educator's process toward certification	·				
the above-named educator's peer review process, and I understand that such materials will have personal information redacted. I understand that the above-named educator will use recorded and/or live observation media that are pertinent to the above-named educator's process toward certification as an ACPE Certified Educator or as part of the above-named educator's peer review process, and I understand that such media may identify me understand that this use is for the purpose of the above-named educator's professional development certification, and/or peer review. I understand that my written materials and live/recorded observation media that may identify me may be read, heard, viewed, and discussed by the above-named educator's professional colleagues as they assess the above-named educator's professional development and competence as an ACPE Certified Educator.					
I understand that my clinical materials may be utilized by my center a ACPE Standards for accreditation and/or for ACPE approved research stu					
My signature grants consent to all of the above.					
I understand that I may revoke this authorization, in writing, to t choose to do this, I will no longer be able to participate in the unit unit. Any clinical materials and/or live/recorded observation media authorization may still be used by the above-named educator.	of CPE and will not receive credit for the				
Student's Signature	Date				
Start and End Dates of the Unit					