

Application for Clinical Pastoral Education Tri-Cities Chaplaincy

Association for Clinical Pastoral
Education, Inc.

Application for:

_____ July-December Extended

_____ January – June Extended

Earliest date you can
begin: _____

Name _____

Email Address _____

Present Mailing Address _____

_____ Telephone (____) _____
Address Zip Code

Permanent Address _____

_____ Telephone (____) _____
Address Zip Code

Denomination/Faith Group Affiliation _____

Association, Conference, Diocese, Presbytery, Synod _____

Present Position _____ Ordained? _____ Date _____

EDUCATION:

Degree/Date

College _____

Seminary _____

Graduate Study _____

PREVIOUS CLINICAL PASTORAL EDUCATION:

Dates

Center

Supervisor

REFERENCES AND ADDRESSES:

Denomination/Faith Group _____

_____ Telephone (____) _____
Address Zip Code

Academic _____

_____ Telephone (____) _____
Address Zip Code

Other _____

_____ Telephone (____) _____
Address Zip Code

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 spiritual / 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. Please tell us where you heard about the CPE program at Tri-Cities Chaplaincy.
7. Admissions Interview: If you are not being interviewed at the center to which you are applying, you will need to obtain an admissions interview summary prepared by an ACPE supervisor or another person satisfactory to the center to which you are applying. If the written summary is not yet available, please indicate the following:

Admissions Interview Conducted by: _____

Address _____ Zip Code _____

Telephone (____) _____ Date Interviewed _____

THOSE WITH PREVIOUS CPE SHOULD COMPLETE THE FOLLOWING:

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

Signature of Applicant _____ **Date of Birth** _____

Date _____ **Social Security Number** _____

Please state how you heard about us. _____

Send this application directly to:

Rev. Wes McIntyre, Tri-Cities Chaplaincy, 2108 West Entiat, Kennewick, WA 99336