



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 St. Mark's Hospital CPE. 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. 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.
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. 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.
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. A description of special needs (i.e. health, financial, transportation).
8. You are required to complete an admissions interview with the St. Mark's CPE Certified Educator. If you are unable to interview at St. Mark's Hospital, consult with St. Mark's CPE Certified Educator to arrange an admissions interview by another ACPE Certified Educator or qualified person. Send a report of the interview to St. Mark's CPE Program by mail or forward by email to Nancy.Piggott@mountainstarhealth.com and/or Karen.Pena@mountainstarhealth.com.
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.
10. An applicant with prior CPE should attach copies of all previous self and supervisory CPE evaluations. Additionally, describe the most significant learning experience in previous CPE and how you continue to work in the learning method. Illustrate your strengths and weaknesses as a professional person. If you have had prior CPE and if you are giving this center permission to directly access previous CPE evaluations and supervisory personnel, then please sign the corresponding box as well as signing the application form. If permission is given, please submit 2 (two) original copies of this application, each containing your signature, not one original and a copy. The second original will be sent to your previous CPE center as written authorization of your consent to release information.
11. Retain your own copy of this completed application and bring it with you to any interview for CPE.

I hereby give my consent to the ACPE center to which I am applying to access my CPE evaluations and supervisory personnel about matters pertaining to this current application.

Signature: _____ **Date:** _____

St. Mark's Hospital Clinical Pastoral Education program is an accredited center of
Association for Clinical Pastoral Education, Inc.; One West Court Square, Suite 325; Decatur, GA 30032; Phone: 404/320-1472
Email: acpe@acpe.edu Website: www.acpe.edu

SUBMIT APPLICATION by email to: Karen.Pena@mountainstarhealth.com
Or by mail to: St. Mark's Hospital Pastoral Care Center; 1200 East 3900 South, Suite CMOB #3B; Salt Lake City, UT 84124



Application for Clinical Pastoral Education

Print or type responses and mail completed application to St. Mark's Hospital.

Applying for: Fall 20__ Spring 20__ Summer 20__ 12 month residency* 20__ Evening Extended Unit 20__
 Preferred program: _____ Earliest date you can begin: _____
 *Please note that residency programs require one previous unit of CPE and an in-person interview in their admissions process.
 There is no application fee required by St. Mark's Hospital CPE

Contact Information

Name: _____
 Mailing address: _____ City: _____ ST: _____
 Country & ZIP: _____ Email: _____
 Cell Phone: _____ Alt Tel.: _____
 Permanent address: _____ City: _____ ST: _____
 ZIP: _____ Country: _____
 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: _____
 Graduate School: Degree/Date: _____

Prior CPE Dates:	Center	Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

Faith Group Reference (Name/Title): _____
 Ph: _____ Address: _____
 City: _____ ST: _____ ZIP: _____ Email: _____

Faith Group 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:** _____