



Please respond to each of the following items.

1. Please complete the attached form and send 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. After submitting your application, and once it has been reviewed, you may be asked to interview in person or remotely pending the situation. This interview is a requirement for your acceptance into the program.
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, please check this box.  
 By signing below, 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.
11. Retain your own copy of this completed application and bring it with you to any interview for CPE.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SUBMIT APPLICATION by email to: [Karen.Pena@mountainstarhealth.com](mailto:Karen.Pena@mountainstarhealth.com)  
Spiritual Care & ACPE Education Center, St. Mark's Hospital, 1200 E 3900 S, Ste WP330; Salt Lake City, UT 84124  
ACPE CPE™ is an accredited center of the Association for Clinical Pastoral Education, Inc.; 55 Ivan Allen Jr. Boulevard, Suite 835,  
Atlanta, GA 30308; Phone: 404/320-1472 Email: [acpe@acpe.edu](mailto:acpe@acpe.edu) Website: [www.acpe.edu](http://www.acpe.edu)



The Standard for Spiritual Care & Education

## Application for Clinical Pastoral Education (CPE)

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, a Master of Divinity or equivalent, and an in-person interview in their admissions process. There is no application fee.

### 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:** \_\_\_\_\_