

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

1. Please complete the attached form and email to: **sinnamon.wolfe@mountainstarhealth.com**. 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 spiritual care practice 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 Certified Educator 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.
13. **Send application to: [sinnamon.wolfe@mountainstarhealth.com](mailto:sinnamon.wolfe@mountainstarhealth.com)**

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.

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

## Application for Clinical Pastoral Education

Print or type responses and email completed application to: [cpe.center@ecsutah.org](mailto:cpe.center@ecsutah.org).

Applying for: Extended Single Unit: Fall 20\_\_  Winter 20\_\_  12 month residency\* 20\_\_

Preferred program/site: \_\_\_\_\_ Earliest date you can begin: \_\_\_\_\_

\*Please note that the residency program may require one previous unit of CPE and an in-person interview in the admissions process.

There is no application fee at the ECS Spiritual Care & Education Center

### Directory Information

Name: \_\_\_\_\_ U.S. Citizen: Yes No

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Country & ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Day Tel.: \_\_\_\_\_ Alt Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Permanent address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

ZIP: \_\_\_\_\_ Country: \_\_\_\_\_ Alt Email: \_\_\_\_\_

Faith Group/Affiliation: \_\_\_\_\_

Denomination or Endorsing Body (if applicable): \_\_\_\_\_

Name of Local Faith Community: \_\_\_\_\_

Ordained/Licensed/Appointed: \_\_\_\_\_ Date: \_\_\_\_\_

College: Degree/Date: \_\_\_\_\_

Grad School Degree(s)/Date(s): \_\_\_\_\_

Prior CPE Dates:	Center	Educator
_____	_____	_____
_____	_____	_____
_____	_____	_____

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