



## Application for Clinical Pastoral Education\*

\*Accredited by The Association for Clinical Pastoral Education, Inc.  
55 Ivan Allen Jr. Blvd Suite 835 Atlanta, GA 30308  
T (404) 320-1472 F (404) 320-0849 Email: acpe@acpe.edu Website: acpe.edu

### Application for:

Extended  Summer  Residency Earliest date able to begin \_\_\_\_\_

### Current CPE Status:

Prospective CPE Student  
 Previous CPE Student with  (# of) units Level I \_\_\_\_\_ Level II \_\_\_\_\_

### Personal Information:

Name \_\_\_\_\_

### Present Mailing Address

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_  
( )  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

### Permanent Mailing Address

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_  
( )  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Denomination / Faith Group Affiliation \_\_\_\_\_

Association, conference, Diocese, Presbytery, \_\_\_\_\_

Synod \_\_\_\_\_

Present Position \_\_\_\_\_ Ordained (Y/N) \_\_\_\_\_ Date \_\_\_\_\_

### Education

College \_\_\_\_\_  
Name \_\_\_\_\_ Location \_\_\_\_\_ Degree \_\_\_\_\_

Seminary \_\_\_\_\_  
Name \_\_\_\_\_ Location \_\_\_\_\_ Degree \_\_\_\_\_

Graduate \_\_\_\_\_  
Name \_\_\_\_\_ Location \_\_\_\_\_ Degree \_\_\_\_\_

### Previous Clinical Pastoral Education

Dates \_\_\_\_\_ Center \_\_\_\_\_ Location \_\_\_\_\_ CPE Educator \_\_\_\_\_

Dates \_\_\_\_\_ Center \_\_\_\_\_ Location \_\_\_\_\_ CPE Educator \_\_\_\_\_

Dates \_\_\_\_\_ Center \_\_\_\_\_ Location \_\_\_\_\_ CPE Educator \_\_\_\_\_

Dates \_\_\_\_\_ Center \_\_\_\_\_ Location \_\_\_\_\_ CPE Educator \_\_\_\_\_



**Attach to the application the following information:**

- 1. Attach a list of 3 references including name, address and phone number. Submit one reference from each of the following sources: **1) Denomination / Faith Group; 2) Academic; 3) Other**  
 Applicant provides them with the Catholic Health CPE recommendation form (cf website)

I give Rev. Crabb permission to contact these persons, if necessary for further clarification.  
 YES \_\_\_ NO \_\_\_ Signature: \_\_\_\_\_ date \_\_\_\_\_

- 2. **Submit the application fee (\$25.00) to Director of Clinical Pastoral Educator (see below) payable to Catholic Health and note that it is CPE application fee.**

3. Submit 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.

4. Submit a description of your religious life, including events and relationships that affected your faith and currently inform your belief system.

5. Submit a description of the development of your work (vocation) history, including a chronological list of positions and dates.

6. Submit 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 a previous unit of CPE, include this information in verbatim form.

7. Give your impression of Clinical Pastoral Education and describe your educational goals, including how this training will be used to meet your goals for doing ministry.

8. An admissions interview by an ACPE CPE Educator or another qualified person is required for each applicant. We prefer a meeting with Catholic Health in Rockville Centre NY ACPE CPE Educator if at all possible. In special circumstances, an ACPE CPE Educator, Seminary Liaison Professor, or Regional Director may recommend interviewer. In such instances, include the following information.

Application interview conducted by \_\_\_\_\_ ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Those with previous CPE should submit the following information:**

- 9. Submit copies of previous CPE evaluations written by you and your supervisor.
- 10. Describe the most significant learning experience in previous CPE and how have you continued to work in this learning method? Illustrate your strengths and weakness as a professional person.
- 11. What are your personal and professional goals and how will continued training aid that process?

Signature of the Applicant \_\_\_\_\_  
 Date \_\_\_\_\_ Social Security Number (last 4#s) \_\_\_\_\_ DOB: \_\_\_\_\_  
 I understand that a background check will be done as part of the application process and successful completion is contingent on full acceptance into the program.

**Send completed application directly to:**  
 Rev. John T. Crabb, SJ Director of Clinical Pastoral Education  
 Catholic Health, 992 North Village Avenue, Rockville Centre NY 11570  
 T (631) 465-6276 Email [john.crabb@chsli.org](mailto:john.crabb@chsli.org)