

ST. LOUIS CLUSTER, ACPE

Application for Clinical Pastoral Education

Required Documentation & Instructions

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

1. Complete the attached form and mail **residency** applications to Tania Hammer-Luken, Admissions Officer, St. Louis Cluster, c/o Veterans Affairs Medical Center, Chaplain Service, #1 Jefferson Barracks Drive, St. Louis, MO 63125. All **extended and summer unit** applications should be sent to the supervisor of the center to which you are applying. 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 and 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, adding 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, 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 might help you to attain or address these learning goals and issues.*
7. You are required to complete an admissions interview with an ACPE supervisor 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. You are required to submit a non-refundable application fee of \$50 when applying for CPE. A check payable to the St. Louis Cluster, ACPE must be mailed with your completed application and required documentation. This fee is not applied toward tuition. Any non-resident student applying for a consecutive unit in the same center is not required to submit the application fee.
9. If you are an international applicant, you need to obtain appropriate documentation from U.S. Immigration which usually implies a visa and a U.S. Social Security Number. Therefore, international applicants should have such documentation approved at least six (6) months prior to the start of the program for 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 copies of all previous self and supervisory CPE evaluations and your signature below indicates you give permission for your previous CPE centers to release your evaluations for purposes of this application.
11. Retain your own copy of this completed application and bring it with you to any interview for CPE.
12. Have you ever been convicted or plead *nolo* to a misdemeanor, a felony, or other crime? Yes ___ No ___
13. Please attach a current resume.

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 the application electronically it constitutes my electronic signature.

Signature:

Date:

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Application for Clinical Pastoral Education

Print or type responses. All applicants for all programs must submit a completed application along with the required documentation and fee. Please see item #1 on the "Required Documentation & Instructions" page for mailing instructions.

PROGRAM INFORMATION

Program Preference:	Fall Extended: <input type="checkbox"/>	Winter Extended: <input type="checkbox"/>	Spring Extended: <input type="checkbox"/>	Summer Unit: <input type="checkbox"/>	*Residency: <input type="checkbox"/>
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Preferred Program Location:	Earliest Start Date:
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*The admission process for the resident program requires an in-person interview.

DIRECTORY INFORMATION

Name:	U.S. Citizen:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Mailing Address:

City:	State:	Zip:
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Country:	E-Mail:
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Day#:	Other#:	Fax#:
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Permanent Address:

City:	State:	Zip:
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Country:	Alt E-Mail:
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Denomination/Faith Group Affiliation:

Jurisdiction/District/Diocese/Conference/Association:

Jurisdictional Authority (Name/Title):

Local Church & Ministry Position:

Ordained: <input type="checkbox"/>	Licensed: <input type="checkbox"/>	Appointed: <input type="checkbox"/>	Date:
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EDUCATION

College: Degree:	Date:
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Seminary: Degree:	Date:
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Grad School: Degree:	Date:
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Prior CPE Dates	Center	Supervisor

REFERENCES

ACADEMIC (Name/Title):

Address:

City:	State:	Zip:
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Phone#:	Other#:	E-Mail:
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DENOMINATIONAL (Name/Title):

Address:

City:	State:	Zip:
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Phone#:	Other#:	E-Mail:
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PERSONAL (Name/Relationship):

Address:

City:	State:	Zip:
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Phone#:	Other#:	E-Mail:
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ADMISSIONS INTERVIEWER:

Address:

City:	State:	Zip:
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Phone#:	Other#:	E-Mail:
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* It is important to provide as much information as possible for each reference. Letters of reference are required for acceptance into ALL Cluster programs.

Signature of Applicant:	Date:
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