

ACPE Accredited Program for CPE
Northeast Georgia Health System
Gainesville, GA 30501

APPLICATION for CLINICAL PASTORAL EDUCATION

Applying for Internships: Fall/ Winter _____ Winter/ Spring _____ Summer _____ 8 Month Unit _____
Residency (Must already have 1 Unit of CPE): 12 month residency _____
Preferred Program/site: _____ Earliest date you can begin: _____
*Please note that programs usually require an in-person interview in their admissions process.

DIRECTORY INFORMATION:

Name: _____ Email: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____ Best Phone #: _____ Other Phone: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Is this a permanent Address? _____ If not, please list one: _____

Faith Group Affiliation: _____ Jurisdictional Authority: _____
Local Church & Ministry Position: _____
Circle appropriate standing: Ordained Licensed Appointed Endorsed None
College/Degree/Date: _____
Seminary/Degree/Date: _____
Grad School/Degree/Date: _____
Prior CPE: Dates: _____ Center _____ Supervisor _____

Academic Reference (Name/Title): _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Phone: _____
Denominational Reference: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Phone: _____
Personal Reference: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Phone: _____

Date: _____
Signature of Applicant

Email completed application with essays below, and non-refundable application fee of \$60 to:

cpe@nghs.com or snail mail it to

VC and Mary Puckett Center of Spiritual Care Northeast Georgia Medical Center
743 Spring Street Gainesville, GA 30501

Please respond to the following directives in essays of no more than five pages per item:

1. An account of your life within your family including both positive and easy parts as well as the difficult and hard. *Suggestions: describe your family of origin, important events in your psycho-social development, significant persons in the formation of your character, current family relationships, etc., and articulate how those facts helped you become who you are.*
2. A description of your faith development. *Suggestions: describe the faith heritage/community into which you were born and initiated, the turning points in your faith journey, the mentors who taught you the tradition, and articulate how these people helped you become who you are.*

3. A description of your work history. *Include an up to date resume or a chronological listing of jobs/positions/dates of employment and give a brief statement of your current employment and work relationships. How do you hope and/or expect this unit of CPE to impact your future employment?*
4. A statement of your motivation for participating in a unit of CPE at this Center.
5. A declaration of your understanding of a ministry of pastoral or spiritual care.
6. 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 issues(s), problems(s), 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 you own notes on how and what you learned from sharing this verbatim with you 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.*
7. Your impressions of Clinical Pastoral Education. *Indicate, for example, what you believe or imagine CPE to be, if CPE is being required of you, any learning goals or issues of which you are aware and would like to address in CPE, and, finally, 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, how you have continued to use the clinical method since your previous experience, strengths and weaknesses that you have as they relate to your ministry and your identity as a professional person, and 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.*
8. Please state any commitments you've made that would inhibit your attending seminars as scheduled and fulfilling the requirements for your clinical time.
9. 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 in which you are applying,. Contact the center to check on their policy regarding admission interviews and the application fee is sixty dollars.
10. If you are in 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_____
11. An applicant with prior CPE should attach all previous self and supervisory evaluations and your signature below gives permission for your previous CPE centers to release your evaluations for purposes of this application process.
12. Retain your own copy of this completed application and bring it with you to any interview for CPE.
13. Have you ever been convicted or plead nolo to a misdemeanor, a felony, or other crime? Yes_____ No_____

Your Application for CPE will be reviewed by the ACPE Supervisor within two weeks of its being received. You will be notified of the receipt of the application. If you are accepted into a unit of CPE, there will be no tuition fee though there will be a non-refundable holding fee due if you accept the offer. For an internship that holding fee will be \$100. For Residents that fee will be \$200. *(Make check payable to: Northeast Georgia Medical Center)* If you have questions, please call 770-219-3511.

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 evaluation 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 of Applicant

Date