# image.png

# Clinical Pastoral Education/Training

# Application Form

This application is to be sent to the CPSP CPE training center that you are applying to by email or postal mail.

To complete this form electronically: Go to “File” and select “Save As”. Save the form to your computer. Complete the form and click “Save” again before closing it. It may be emailed as an attachment to the recipient(s).

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| **Candidate’s Full Name:**        |
| **Mailing Address:**        |
| **City:**       | **State/Prov:**       | **ZIP/MAIL CODE:**       | **COUNTRY:**       |
| **Telephone Number – Home:**       | **Telephone Number – Cell:**       |
| **Email Address:**       | **Denomination/Faith Group:**       |
| **Jurisdiction/District/Diocese/Conference/Assoc:**       |
| **Ordained/Licensed/Appointed:** |
| **College: Degree/Date:**       |
| **Seminary: Degree/Date:** |
| **Grad Schl: Degree/Date:** |

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| **Prior CPE Dates:** | **Center:** | **Supervisor:** |
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**Please address the following questions:**

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| 1. **Autobiographical Reflection: Provide a reflective autobiographical account of your life giving attention to pivotal life events and relationships that have shaped who you are as person. Please be specific and personal.**

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| 1. **Helping Incident: Describe a situation where you provided help to someone(s) facing a difficult life situation. Please supply a reflective critique of your intervention. Applicants who have been in CPE training will address this question by providing a Clinical Case.**

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| 1. **CPE/CPT Training: What’s your understanding of Clinical Pastoral Education/Training and what do you hope to gain for your personal/professional development?**

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| 1. **Curriculum Vitae: Please provide a brief Curriculum Vitae that documents your education, training and work experiences.**

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