CPE Registration Verification Form

To receive official credit for Clinical Pastoral Education, please complete and return this registration form to WSHO headquarters.

Today's Date:_____

Name:_____

Mailing Address:_____

_____

_____

Email: _____

Mobile Tel#_____

Name of your Chaplain Trainer: _____

Start Date of CPE Training: _____

Faith tradition:_____

Education (highest level achieved): _____

Registration/Application Fee: $30.00

If paying by check, mail to: WSHO, P.O. Box # 711096, Salt Lake City, Utah, 84171

If paying by Credit Card, use "Make a Payment" tab at www.wshochaplaincy.org

If you prefer to pay using Venmo, please contact us for the link

Please email this completed registration form to: wshomembership@gmail.com

Welcome to WSHO, the premier professional Chaplain training and certifying organization in America!

Revised May 19, 2026