

CPE SUPERVISOR IN TRAINING

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| **Applicant Information** |
| Name (Last, First, MI):Gender:Nickname: | Marital Status: Birthdate:Race: |
| Street/Mailing Address:E-mail Address: | Home Phone:Mobile Phone: |
| **Denomination/Faith Group Information** |
| Name of Faith Group/Religion (Catholic, Buddhist, Jewish): | Name of your local Presbytery, Diocese, Conference, Association, Synod, Ward, Congregation, etc. |
| Are You Ordained \_\_ Commissioned\_\_ Consecration \_\_Date of Ordination/Commissioning/Consecration:\_\_\_\_\_\_\_\_\_\_\_\_ | Name & Title of Endorsing/Commissioning Authority: Address:Email:Tel#: |
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| **Education****(attached copies of diplomas)** | **Name of Degree Program and Graduation Year**  |
| Bachelor’s Degree:Name of University:Location: |  |
| Master’s Degree:Name of University/Seminary:Location: |  |
| PhD/DMIN/PSYD/EdD/MD/JD:Name of University/Seminary:Location: |  |
| **Clinical Pastoral Education (CPE)****(attach copy of CPE Supervisor’s final student evaluation)** |
| Date | Training Center Name/ Units Completed |  Supervisor |
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| **BOARD CERTIFICATION CREDENTIAL**  |
| *All applicants for CPE Supervisory Training must first be credentialed as Board Certified Professional Chaplains*Do you currently have a Board Certification credential as a professional chaplain? Yes\_\_\_ No \_\_\_What is your certification called? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When did you first receive this certification? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What is the name of the organization who issued your board certification?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is your reason/motivation for applying for CPE Supervisory Training? |

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| **Required Supporting Documents**  |
| * Education: Notarized copies of University/Seminary diplomas
* CPE: Copies of CPE Supervisor’s Final Evaluations of trainee
* Ecclesiastical Recommendation Form from Religious/Spiritual Endorsing Authority
* Current Copy of your Resume
* Copy of WSHO Professional Honor Code Agreement
* Provide Three (3) Character References/Letters of Recommendation of which one must be from your administrator/CEO, and must be written, signed and dated on the official letterhead paper of the recommending organization
* Write a statement about what you consider to constitute: 1) Spiritual Health; 2) Emotional Wellness; 3) Love; 4) Clinical Competence; and 5) Effective Teaching
* Write an essay (1 page or less) regarding the integration of personal character and professional competence in chaplaincy
* Write a 1 page essay describing how you personally and professionally live the WSHO Mission Statement (Spirituality: Where it is alive, sustain it; Where it is dormant, revive it; Where it is absent, invite it)
* Write a 2-3 page religious/spiritual autobiography describing your spiritual journey life
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| **Application Fees** Scan and attach this application and supporting documents, and email to: wshomembership@gmail.com OR mail to: WSHO, P.O. BOX #711096, Salt Lake City, UT 84171 |
| Application Fee (non-refundable): \_\_\_$ 50.00Methods of payment: 1) Credit Card at WSHO website www.wshochaplaincy.org under “Make a Payment”, or 2) Mail check to: WSHO, P.O. BOX #711096, Salt Lake City, UT 84171, or 3)Venmo: @Mark-Allison-47 |

Have you ever been convicted of a crime and/or disciplined by a professional organization: Yes\_\_\_ No \_\_

If “yes”, describe the issue and action(s) taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By my signature below, I verify the information I have provided in this application to be completely true, accurate and current.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WSHO office use only:**

\_\_ Background Check Completed \_\_ Interview

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