

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): \_\_\_$ 50.00  Methods 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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