

Application for Clinical Pastoral Education

| **Quarter/Unit Desired** |
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| UNIT: Summer Fall Winter Spring On-line  Name of CPE Training Supervisor: |
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| **Applicant Information** | |
| Name:  Nickname: | Marital Status:  Birthdate:  Gender: |
| Address:  E-mail Address: | Home Phone:  Cell Phone:  Work Phone: |

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| **Denomination/Faith Group Information** | |
| Name of Faith Group/Religion | Presbytery, Diocese, Conference, Association, Synod, Ward/Stake, etc. |
| Ordained or Commissioned? | Date of Ordination/Commission: |

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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:  Name of University/Seminary:  Location: |  |

Are you or have you ever been on a Child Protective Service or Sex Offender Registry? And/or on the registry of any agency protecting vulnerable populations: Yes\_\_ No \_\_

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| **Previous Clinical Pastoral Education** | | |
| Date | Center | Supervisor |
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| **Three Character References and their Contact Information (name, telephone, email, city, state)** | |
| Denomination/Faith Group: |
| Academic/Professional: |
| Other: |

How did you find out about our WSHO CPE program? Media\_\_\_ Internet\_\_\_ Referral\_\_\_ (list name of person who referred you)

**Attach to Application:**

1. Three “stories” (half to one page each) of important and pivotal events / people / memories in your life. These may be anything of significance, but with special attention to those experiences which triggered life-change for you.
2. A religious autobiography (two to three pages). Include information about faith group/denominational activities as well as an account of your own religious pilgrimage. If you have held leadership positions of any kind in your religious group, describe each one.
3. An account of a time when you helped someone else (half to one full page). Be specific about the need as you understood it, and how you provided help.
4. A statement about why you want Clinical Pastoral Education, along with specific ideas about what you would like to learn.
5. A paragraph about what LOVE means to you.
6. Write a statement defining what you consider to be “Spiritual Health” and how it might be measured.
7. Write a statement describing what you consider to constitute “Emotional Wellness”.
8. Write a statement describing what you consider to be the difference between Competency and Character, and how these integrate.
9. If you have had previous Clinical Pastoral Education, please include copies of evaluations written by you and by your supervisor(s).
10. Provide a copy of your most recent resume.
11. To this point in your life journey in what ways have you been wounded; provide a few examples.
12. Pay **$20.00 CPE Registration Fee** (if using a credit card use the “Make a Payment” tab on the WSHO website [www.wshochaplaincy.org](http://www.wsho.info), or mail a check to WSHO, P.O. BOX #711096, Salt Lake City, Utah, 84171, or Venmo: @Mark-Allison-47
13. Scan & email completed CPE application and requisite attachments to your Chaplain Training Supervisor.

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

Application Interview Date/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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