

VIDANT MEDICAL CENTER'S CLINICAL PASTORAL EDUCATION PROGRAM

Application for Clinical Pastoral Education

(Print or type responses and mail completed application to the Vidant Medical Center's CPE Program.)

Applying for: Fall _____ Winter _____ Spring _____ Summer _____ 12 month residency* _____ Extended Unit _____

Preferred program/site: _____ Earliest date you can begin: _____

**(Please note that Vidant's Residency program requires an in-person interview in the admissions process.)*

Directory Information:

Name: _____ U.S. Citizen: Yes No

Mailing address: _____ City: _____ ST: _____

Country & ZIP: _____ Email: _____

Day Tel.: _____ cell: _____ Fax: _____

Permanent address: _____ City: _____ ST: _____

ZIP: _____ Country: _____ Alt. Email: _____

Denomination/Faith Group Affiliation: _____

Jurisdiction/District/Diocese/Conference/Assoc: _____

Jurisdictional Authority (name/title): _____

Local Congregation & Ministry Position: _____

Ordained/Licensed/Appointed: _____ Date: _____

College: Degree/Date: _____

Seminary: Degree/Date: _____

Grad School: Degree/Date: _____

Prior CPE Dates:

Center

Supervisor

References:

Academic Reference (name/title): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Faith Group Reference (name/title): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Personal Reference (name/relationship): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Admissions Interviewer: _____

Address: _____

Interviewer's Ph: _____ Email: _____

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Signature of applicant: _____ Date: _____ (complete 2nd page)

INSTRUCTIONS FOR APPLICATION FOR CLINICAL PASTORAL EDUCATION

Please respond in writing to each of the following items. Provide typed responses on separate pages.

1. Please attach your responses to the completed Application form and mail to the Center to which you are applying. *Read instructions carefully before submitting. International applicants have additional requirements and deadlines. You may want to make a copy of a blank Application form before entering any data.*
2. A reasonably full account of your life. *Include, for example, significant and important persons and events, especially as they have impacted, or continue to impact, your personal growth and development. Describe your family of origin, current family relationships, and important and supportive social relationships.*
3. A description of your spiritual growth and development. *Include, for example, the faith heritage into which you were born and describe and explain any subsequent, personal conversions, your call to ministry, religious experiences, and significant persons and events that have impacted, or continue to impact, your spiritual growth and development.*
4. A description of your work (vocational) history. *Include a chronological list of jobs/positions/dates of employment (please attach a current resume). Also, provide a brief statement about your current employment and work relationships.*
5. An account of a "helping incident" in which you were the person who provided the help. *Include the nature of the request, your assessment of the issue(s), problem(s), situation(s). Describe how you came to be involved and what you did. Give a brief, evaluative commentary on what you did and how you believe you were able to help. If you have had prior and recent CPE, please attach a copy of a recent verbatim as your 'helping incident' and add to the verbatim your own notes on how and what you learned from sharing this verbatim with your supervisor and/or peers. If you have had CPE, but it was more than two years ago, include a recent account of a helping incident, written up in a verbatim format. If possible, include feedback from current pastoral colleagues and/or an administrative supervisor.*
6. Your impressions of Clinical Pastoral Education. *Indicate, for example, what you believe or imagine CPE to be. Indicate if CPE is being required of you. Indicate any personal and/or professional learning goals and issues that you have at this time and how you believe that CPE will help you to attain or address these learning goals and issues. If you have had prior CPE, please indicate the most significant learning experience you had during CPE. State how you have continued to use the clinical method since your previous experience. Indicate strengths and weaknesses that you have as they relate to your ministry and your identity as a professional person.*
7. You are required to complete an admissions interview with an ACPE supervisor or a person approved by the center to which you are applying, or an on-site interview at the center to which you are applying. Contact our center regarding questions about admission interviews.
8. Vidant's CPE Program's application fee is \$25.00 (non-refundable) and should be attached to the application.
9. If you are an international applicant, you will have to obtain appropriate documentation from U.S. Immigration, which usually requires a visa and a US Social Security Number. Therefore, international applicants should have such documentation approved at least six (6) months prior to the start of the program to which they are applying. If offered employment, you must submit verification of your legal right to work in the U.S. Also, apprise us of the type of visa that you currently hold or are seeking?
10. An applicant with prior CPE should attach all previous self and supervisory final evaluations to the materials requested above, and your signature below certifies you have released your evaluations to this designated CPE Center for the purpose of reviewing and processing your application materials.
11. Retain your own copy of this completed application and bring it with you to your CPE interview(s).
12. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime? Yes ___ No ___

I certify that all information in this application is factually true, complete, and honestly presented. I understand that I may be subject to disciplinary action, including admission revocation or program expulsion, should the information I've certified be false. I hereby give permission to the ACPE Center to which I am applying to read my CPE evaluations, to contact previous supervisors as well as my other references about matters pertaining to this current application, and I consent for those contacted to provide the information sought. I also give permission for the

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Center's CPE faculty & members of the Center's professional advisory committee to receive & review these materials as part of their selection process. I verify that sending this application electronically constitutes my electronic signature.

Signature: _____ Date: _____

Please send all applications & correspondence to:

**Vidant Medical Center
Clinical Pastoral Education Program P.O.
Box 6028
Greenville, NC 27835-6028
Phone # (252) 847-4790
Jennifer.Congleton@vidanthealth.com**

We are honored to be:

**A Fully Accredited CPE Center
by the Association for Clinical Pastoral Education, Inc.
One West Court Square, Suite 325
Decatur, GA 30030
Phone # (404) 320-1472 e-mail:
acpe@acpe.edu**