

CLINICAL PASTORAL EDUCATION (CPE)
APPLICATION

Return application to: Clinical Pastoral Education Department
Sisters of Charity Hospital
2157 Main Street
Buffalo, NY 14214

Applicants Name _____ Date of Birth _____

Place of Birth _____

Present Mailing Address _____

Telephone (_____) e-mail address _____

Marital Status: _____ Ages of Children: _____ Denomination Affiliation: _____

Association, Conference, Diocese, Presbytery, Synod _____

Present Position _____ Ordained _____ Date _____

EDUCATION

DEGREE

DATE

College _____

Seminary _____

Graduate Study _____

PREVIOUS CLINICAL PASTORAL EDUCATION

DATES

CENTER

SUPERVISOR

REFERENCES AND ADDRESSES

Denominational _____

Address City & State Zip Code Phone e-mail

Academic _____

Address City & State Zip Code Phone e-mail

Other _____

Address City & State Zip Code Phone e-mail

(over)

ATTACH TO APPLICATION

1. A reasonably full account of your life including important events and relationships with persons who have been significant to you, and the impact of these on your development. Describe your immediate family, your health, and your educational experiences.
2. A discussion of the development of your religious life, religious organizations you have affiliated with, your participation in the life and ministry of the church, your decision to enter the ministry, and other significant religious experiences.
3. A discussion of your work history, including a chronological list of positions and dates.
4. A description of an incident in which you were called on to help someone, the nature of your request, your understanding of the request, and how you attempted to help.
5. Your impression of Clinical Pastoral Education and your expectation of CPE.
6. A description of any special needs you will have during CPE (e.g. housing, financial aid, transportation, disability considerations).
7. Copies of your supervisor's evaluation of previous CPE. (If any)
8. A recent photograph. (optional)
9. Application fee of \$50.00.
10. An admissions interview by a CPE supervisor or other qualified person. (CPE Supervisors, seminary liaison professors, and regional directors may recommend interviewers.)

Admissions Interview conducted by:

Name _____

Address _____

City & State _____

Zip Code _____

Application for: Spring _____ Summer _____ Fall _____ Extended _____
(please check)

CPE in Health Care Setting _____ CPE in Community Setting _____

Signature of Applicant _____

Date _____