

## Application Instructions for Clinical Pastoral Education

To complete this application for Clinical Pastoral Education at Sharp HealthCare:

1. Provide your written response to areas requested below.
2. Complete the Face Sheet on the next page
3. Complete reference page
4. Send your application to the email or address on the final page of this application.

### Please respond to the following areas

1. An account of your life, including a description of your spiritual development and decision to go into ministry (5-6 pages) Include significant persons and events, as they have influenced your personal and professional growth and development. Describe your faith journey and religious heritage, including your decision to go into ministry, religious experiences, and significant persons and events that have influenced your spiritual development and your entry into ministry.
2. A Resume or Curriculum Vitae: Include a chronological list of positions & dates of employment, any ministry position held and significant non-employed ministry or other positions relevant for this application.
3. A Verbatim or "Helping Incident" with you providing the help. (Choose the one that pertains to you)
  - If you have had a previous CPE Unit in the last 3 years: Include a CPE Verbatim, with a description of pre-visit information, the spiritual care encounter & post-visit reflections. Describe what you learned from this verbatim.
  - If your CPE was more than 3 years ago: Provide a recent helping incident in a verbatim format.
  - If you have no prior CPE: Provide a description of a "helping incident" in which you were the person who provided the help. Include the nature of the request, your assessment of the problem and situation, and a description of how you helped. Give an evaluative commentary of how you helped; i.e., what worked well and where might you improve.
4. Your Goals for Clinical Pastoral Education. (1 page)
  - Describe your professional goals and how CPE will help you fulfill these goals.
  - What learning areas and goals in your pastoral development do you want to address in CPE?
  - Indicate if CPE is a professional and/or educational requirement for you. Please describe.
  - If you have had prior CPE, briefly describe your past CPE experience, your learning goals and what you learned from your previous CPE.
5. For Applicants with prior CPE: Provide Self and Supervisory Evaluations
  - Provide signed & dated copies of all previous Self and Supervisory CPE evaluations. By providing the Sharp HealthCare CPE Center with your Self and Supervisory CPE evaluations, you are giving permission to application reviewers to have access to and read your evaluations.
  - Your signature in the box at the bottom of the face sheet gives this ACPE Center permission to contact your former CPE Center and CPE Supervisor(s) for additional information about your CPE unit and/or, if necessary, to provide your Self & Supervisory evaluations to this Sharp Healthcare ACPE center.



## Application Face Sheet for Clinical Pastoral Education

Applying for: 12 month residency: \_\_\_\_\_ Extended Intern Unit: \_\_\_\_\_  
 2017-18 Residency \_\_\_\_\_ Winter/Spring 2018 \_\_\_\_\_ Dates: 1/8/18 - 6/8/18  
 Dates: 9/ 5/17 – 9/3/18 Summer/Fall 2018 \_\_\_\_\_ Dates: 6/11/18 – 12/21/18

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Denomination/Faith Group Affiliation: \_\_\_\_\_  
 Jurisdiction/District/Diocese/Conference/Association \_\_\_\_\_  
 Credentials: Ordained \_\_\_ Licensed \_\_\_ Endorsed \_\_\_ Commissioned \_\_\_ Other (Specify) \_\_\_\_\_ Date: \_\_\_\_\_  
 Current Ministry Position: \_\_\_\_\_

**Degrees – Undergraduate, Graduate, Doctoral**

Degrees Earned	Date Earned	Institution (name of University, Grad School, Seminary, etc)

**Prior ACPE CPE (CPE units completed at an ACPE accredited center)**

Prior ACPE CPE Dates	ACPE Center (Name and Location)	ACPE Certified Educator

**Prior Non-ACPE CPE (CPE units completed at a non-ACPE center)**

Prior CPE Dates	CPE Location (Name and Location)	CPE Instructor/Educator

Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime? Yes \_\_\_ No \_\_\_

If yes, please provide a written explanation with your application with description and date.

U.S. Citizen: Yes \_\_\_ No \_\_\_ If no, be prepared to provide appropriate legal documentation for work in the U.S.

I certify that all information in this application is factually true and complete. I understand that I may be subject to disciplinary action, including admission revocation or program expulsion, if the information is determined to be false. I hereby give permission to the Sharp HealthCare ACPE center to access & read my CPE evaluations and contact previous CPE supervisory personnel about matters pertaining to this current application. I consent for those contacted to provide the information sought. My signature or typed name below constitutes my signature and permission.

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



## Professional References

Please provide three professional references from at least two different settings. Select individuals who are familiar with your ministry and/or spiritual caregiving and can address your readiness for Clinical Pastoral Education. Please type your responses.

(Name/Title): \_\_\_\_\_

Phone # \_\_\_\_\_ Mobile Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

What is this person's professional relationship to you: \_\_\_\_\_

(Name/Title): \_\_\_\_\_

Phone # \_\_\_\_\_ Mobile Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

What is this person's professional relationship to you: \_\_\_\_\_

(Name/Title): \_\_\_\_\_

Phone # \_\_\_\_\_ Mobile Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

What is this person's professional relationship to you: \_\_\_\_\_



## Sending your Application

To send your application, there are two options:

1. Scan and email your application to: [smh\\_cperegistration@sharp.com](mailto:smh_cperegistration@sharp.com)
2. Send via postal mail to:

Sharp HealthCare  
Spiritual Care and Education Dept.  
7901 Frost Street, San Diego, CA 92123

### Application Checklist:

Please check that you have included the following in your application:

- Sharp HealthCare ACPE Face Sheet
- Written Responses
  - An account of your life
  - Current resume
  - Verbatim or current helping incident
  - Goals for Clinical Pastoral Education.
- Self-Supervisory Evaluations (for applicants with previous CPE)
  - ACPE Certified Educator/CPE Supervisor Evaluation(s) from previous CPE unit(s)
  - Self-Evaluation(s) from previous CPE
- Professional References