



# The Christian Methodist Episcopal Church through The Academy for Public Theology

## Application & Instructions for Connectional Clinical Pastoral Education

**Please respond to each of the following items. Please type your responses on separate pages and do not exceed the recommended page length. Your application is not complete without responses to all questions and your signature.**

1. 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, development, and work history. Describe your family of origin, current family relationships, and important and supportive social relationships. (2-3 pages)
2. 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, development, and ministry context. (1.5 pages)
3. A description of your place of ministry, including your role and responsibilities. If you are not the pastor, please include the name and contact information for your supervising pastor, presiding elder or other denominational official to whom you report. (Half page)
4. An account of a "recent ministry encounter" in which you were the person who provided pastoral care. Include the nature and extent of the encounter, 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. (1 page)
5. Your impressions of Clinical Pastoral Education. Indicate any learning goals or issues of which you are aware and would like to address in CPE. Finally, indicate how CPE may be able to help you meet needs generated by your ministry or call to ministry. (Half page)
6. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime? Yes\_\_\_ No\_\_\_  
If yes, please describe the circumstances, including dates and disposition of the case: \_\_\_\_\_  
\_\_\_\_\_
7. Enclose the required non-refundable application fee of \$50.00.
8. Enclose the signed Acknowledgement Sheet and Checklist.
9. Retain your own copy of this completed application and bring it with you to any interview for CPE.

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 program to which I am applying to access any prior CPE evaluations and contact previous supervisory personnel about matters pertaining to this current application, and I consent for those contacted to provide the information sought. I verify that if sending in this application electronically it constitutes my electronic signature.

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



# The Christian Methodist Episcopal Church Through the Academy for Pastoral Theology

## Application for Connectional Clinical Pastoral Education (CPE)

Print or type responses and mail or email completed application

Program begins in August/September and ends in June : Year you want to be in the program (i.e. 2018-19) \_\_\_\_\_

Note: You may be required to do a face-to-face or telephone interview or provide additional documentation

### Directory Information

Name: \_\_\_\_\_ U.S. Citizen: Yes No

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Country & ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Day Tel.: \_\_\_\_\_ Alt Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Permanent address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

ZIP: \_\_\_\_\_ Country: \_\_\_\_\_ Alt Email: \_\_\_\_\_

Denomination/Faith Group Affiliation: \_\_\_\_\_

CME Annual Conference: \_\_\_\_\_ Presiding Elder \_\_\_\_\_

If not CME, list the name of your judicatory and denominational official to whom you report: \_\_\_\_\_

Local Church \_\_\_\_\_ Address \_\_\_\_\_

Ministry Position: \_\_\_\_\_ Date Appointed or Assigned \_\_\_\_\_

College: Degree/Date: \_\_\_\_\_

Seminary: Degree/Date: \_\_\_\_\_

Grad Schl: Degree/Date: \_\_\_\_\_

Any Prior CPE Dates, Center and Supervisor \_\_\_\_\_

### References

Denominational Reference (name/title): \_\_\_\_\_

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

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

**REQUIRED: Attach a letter from your Presiding Bishop**

Personal Reference (name/relationship): \_\_\_\_\_

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

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

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_