



PENN FOUNDATION

BEHAVIORAL HEALTH SERVICES

Pastoral Services
 807 Lawn Avenue
 Sellersville, PA 18960
 (215) 257-6551, extension 5170
 Fax: (215) 453-5184

Application For Clinical Pastoral Education

Association for Clinical Pastoral Education, Inc.

Application For:

Extended (September-May)

Earliest date you can begin: _____

Personal

Date Last Name First Name Middle Initial

Present Street Address City State Zip Code

Home Telephone Number Cell Phone Number E-Mail Address

Permanent Street Address City State

Zip Code Permanent Telephone Number E-Mail Address

Denomination/Faith Group Affiliation: _____

Association, Conference, Diocese, Presbytery, Synod: _____

Present Position: _____ Ordained? Yes No Date: _____

Education

School	Name of School	Degree
College		
Seminary		
Graduate Study		

Previous Clinical Pastoral Education

Dates	Center	Supervisor

Because of the nature of Penn Foundation's work, all CPE students will be required to submit a Criminal Background Check, Child Abuse Clearance, and FBI fingerprinting and will be required to complete a mandatory child abuse report training.

References

Denomination/Faith Group : _____ Telephone #: () _____

Street Address: _____

City: _____ State: _____ Zip: _____

Academic or Colleague : _____ Telephone #: () _____

Street Address: _____

City: _____ State: _____ Zip: _____

Other : _____ Telephone #: () _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please Attach The Following To Your Application:

1. A reasonably full account of your life, including important events, relationships with people who have been significant to you, and the impact these events and relationships have had on your development. Describe your family of origin, your current family relationships and your educational growth dynamics.
2. A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief systems.
3. A description of the development of your work (vocation) history, including a chronological list of positions and dates.
4. An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the "problem", what you did, and a summary evaluation. If you have had previous CPE, include this information in verbatim form.
5. Your impression of Clinical Pastoral Education and your educational goals, including how this training will be used to meet your goals for doing ministry.
6. Application fee required: \$50 non-refundable
7. Admissions Interview: If you are not being interviewed at the center to which you are applying, you will need to obtain an admissions interview summary prepared by an ACPE supervisor or another person satisfactory to the center to which you are applying. If the written summary is not yet available, please indicate the following:

Admission Interview conducted by: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Date Interview Conducted: _____

Those With Previous CPE Should Complete The Following:

1. Copies of previous CPE evaluations written by you and your supervisor.
2. What are your personal and professional goals and how will continued training aid that process?

Signature of Applicant

Date