

BEVERLY HOSPITAL – Beverly MA

APPLICATION FOR CLINICAL PASTORAL EDUCATION

APPLICATION FOR:

Winter Extended
 Spring Compressed
 Summer
 Fall Compressed
 Pastoral Counseling Specialization
 Starting Date – May November Year

CURRENT CPE STATUS:

Prospective CPE Student
 Previous CPE Student with (# of) units Level I Level II
 Supervisory CPE Student with (# of) units and Supervisory Level

PERSONAL INFORMATION:

Name

Present Mailing Address Street Address Apartment Number

City Zip Code Phone ()

Permanent Mailing Address Street Address Apartment Number

City Zip Code Phone ()

Email Address:

Denomination / Faith Group Affiliation

Association, conference, Diocese, Presbytery, Synod

Present Position Ordained? Date

EDUCATION

College Name Location Degree

Seminary Name Location Degree

Graduate Name Location Degree

PREVIOUS CLINICAL PASTORAL EDUCATION

Dates Center Location Supervisor

Dates Center Location Supervisor

Dates Center Location Supervisor

Dates Center Location Supervisor

ATTACH TO THE APPLICATION THE FOLLOWING INFORMATION

1. Attach a list of 3 references including name address and phone number. Submit one reference from each of the following sources: 1) Denomination / Faith Group; 2) Academic; 3) Other.
2. Submit 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.
3. Submit a description of your religious life, including events and relationships that affected your faith and currently inform your belief system.
4. Submit a description of the development of your work (vocation) history, including a chronological list of positions and dates.
5. Submit 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 a previous CPE, include this information in verbatim form.
6. Give your impression of Clinical Pastoral Education and describe your educational goals, including how this training will be used to meet your goals for doing ministry.
7. An admissions interview by an ACPE Supervisor or another qualified person is required for each applicant. In special circumstances, a CPE Supervisor, Seminary Liaison Professor, or Regional Director may recommend interviewer. In such instances, include the following information.

Application interview conducted by _____

			()
Address	City	Zip Code	Phone

8. Include an application fee of \$25 made payable to Beverly Hospital.

THOSE WITH PREVIOUS CPE SHOULD SUBMIT THE FOLLOWING INFORMATION

9. Submit copies of previous CPE evaluations written by you and your supervisor.
10. Describe the most significant learning experience in previous CPE and how have you continued to work in this learning method? Illustrate your strengths and weakness as a professional person.
11. What are your personal and professional goals and how will continued training aid that process?
12. Applications for Supervisory CPE include #1-11 above **and** a consultation interview to determine completed outcomes of Level I and II CPE and to determine readiness to enter Supervisory education **and** agree to participate in psychological testing as part of the application process.

Signature of the Applicant _____ Date _____

Social Security Number _____ DOB: _____

I understand that a CORI background check will be done as part of the application process.
I have received complaint(s) against me YES _____ NO _____ If YES, explain.

Send completed application and fee directly to:

Rev. John C. Pearson, D.Min., Director
John L. Good III Department of Pastoral Care
Beverly Hospital, 85 Herrick Street
Beverly, MA 01915-1777
978.922.3000 x2791
978.921.7059 fax

Pastoraleducation@nhs-healthlink.org