

**Please respond to the following questions in a document separate from this application**

1. Please complete the attached form and send to UnityPoint Health – Des Moines. Read instructions carefully before submitting. International applicants have additional requirements and deadlines.
2. **A reasonably full account of your life:** Include, for example, significant and important persons and events, reflecting how they have impacted, or continue to impact, your personal growth and development. Describe your family of origin, current family relationships, and important supportive social relationships. In your reflections, include interpretive accounts of the events and persons you include in your narrative. What meaning have you made of this and how have they shaped your life? This narrative is one of the most important support documents you will provide. We want to get to know you as much as possible on paper before any in-person interview.
3. **A description of your spiritual growth and development:** Include, for example, the faith heritage into which you were born and describe, *explain and interpret* any subsequent, personal conversions, your call to ministry, religious experiences, and significant persons and events that have affected, or continue to affect, your spiritual growth and development.
4. **A description of your work (vocational) history:** Include a chronological list of jobs/positions/dates of employment (**include contact information**) and a brief statement about your current employment and work relationships. Please attach a current resume.
5. **An account of a “helping incident” in which you were the person who provided the help:** Include the nature and extent of the request, your assessment of the issue(s), problem(s), and 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. If you have had prior and **recent** CPE, please attach a copy of a **recent** verbatim in lieu of a 'helping incident' and add to the verbatim your own notes on how and what you learned from sharing this verbatim with your supervisor and/or peers. If your CPE is more than two years ago, include a recent account of a helping incident, written in a verbatim format. If possible, include feedback from current pastoral colleagues and/or administrative supervisor.
6. **Your impressions of Clinical Pastoral Education:** Indicate, for example, what you believe or imagine CPE to be. Indicate if CPE is being required of you. 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. *If you have had prior CPE, please indicate the most significant learning experience you had during CPE. State how you have continued to use the clinical method since your previous experience. Indicate strengths and weaknesses that you have as they relate to your ministry and your identity as a professional person. Indicate any personal and/or professional learning goals and issues that you have at this time and how you believe that CPE will help you to attain or address these learning goals and issues*
7. We require an admissions interview for all our programs: for an initial unit, any qualified person such as an ACPE supervisor or a person approved by our center may conduct an interview. For residencies, we require an in-person interview by our faculty. Feel free to call with any questions you may have about this.
8. Our CPE Center **does not** require an application fee.
9. If you are an **international applicant**, you will have to obtain appropriate documentation from U.S. Immigration, which usually implies a visa and a US Social Security Number. Therefore, international applicants should have such documentation approved at least six (6) months prior to the start of the program to which they are applying.  
If offered employment, can you submit verification of your legal right to work in the U.S.? Yes\_\_\_ No\_\_\_
10. An applicant with prior CPE should attach all previous self and supervisory evaluations and your signature below indicates you give permission for your previous CPE centers to release your evaluations for purposes of this application process.
11. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime, or been accused of sexual or personal boundary violations of children or adults or lost a position as a result of such violations? Yes\_\_\_ No\_\_\_  
**If you answered “Yes”, include a separate document with detailed explanation of allegations, outcomes and contact information for persons involved in the adjudication of such allegations.**
12. Retain your own copy of this completed application and bring it with you to any interview for CPE.
13. Have you attended boundaries training according to your faith group requirements? Yes \_\_\_ No \_\_\_  
If so, please provide documentation.

**Please send your completed application via US Mail or Email:**

UPHDM\_cpe@unitypoint.org

Spiritual Care Services  
UnityPoint Health-Des Moines  
1200 Pleasant Street  
Des Moines, IA 50309-1453



# Association for Clinical Pastoral Education UnityPoint Health – Des Moines CPE Program

## Application for Clinical Pastoral Education

**Applying for:** 12 month residency \_\_\_\_\_ Intensive summer \_\_\_\_\_ Extended fall \_\_\_\_\_ Extended spring \_\_\_\_\_  
 Earliest date you can begin: \_\_\_\_\_

**Directory Information**

Name: \_\_\_\_\_ US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_  
First MI Last  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Permanent (if different): \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone # Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_ Alt Email: \_\_\_\_\_  
*(Applicants for residency must be affiliated and in good standing with a recognized denomination or faith group)*  
 Faith Group Affiliation: \_\_\_\_\_ Present Position: \_\_\_\_\_  
 Jurisdiction/District/Diocese/Conference/Assoc.: \_\_\_\_\_  
 Jurisdictional Authority (**Include name/title/contact info:** address, phone, e-mail): \_\_\_\_\_

Ordained \_\_\_\_\_ Licensed \_\_\_\_\_ Appointed \_\_\_\_\_ Endorsed \_\_\_\_\_ Commissioned \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>Education</u></b>	<b>Degree</b>	<b>Date</b>
College: _____	_____	_____
Seminary: _____	_____	_____
Graduate Study: _____	_____	_____
Other: _____	_____	_____

<b>Prior CPE Dates</b>	<b>Center</b>	<b>Supervisor</b>	<b>#of Units</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**References** **Total # of Units:** \_\_\_\_\_

**Academic**

Name/Title: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Faith Group Representative**

Name/Title: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Professional / Peer (indicate relationship)**

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

I certify that the information I provide here is factually true, complete, and honestly presented. I understand that I may be subject to disciplinary action, including admission revocation or program expulsion, if the information I provide is false or deceptive. I give permission to the UnityPoint Health – Des Moines ACPE center to contact ACPE centers and supervisors where I have completed prior units of CPE to receive copies of my CPE evaluations. UnityPoint Health–Des Moines ACPE Center may contact and seek information from sources I listed in my application, including references, prior employers, educational institutions, and my faith group officials. Furthermore, my signature below grants consent to those persons contacted to provide the information sought.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Handwritten signature required for your application to be valid*