



Association for Clinical Pastoral Education Inc.
Application & Instructions for Clinical Pastoral Education
Iowa Methodist, Lutheran & Blank Children's Hospitals

1. Please complete the attached form and mail to the Center or Cluster to which you are applying. Read instructions carefully before submitting. International applicants have additional requirements and deadlines. You may want to make a copy of a blank form before entering any data.

Please respond to the following items numbers 2-7 in a document separate from this application

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.
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), 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 as your '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 you have had CPE, but it was more than two years ago, include a recent account of a helping incident, written up 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. Please attach a current resume.
13. Retain your own copy of this completed application and bring it with you to any interview for CPE.
14. Have you attended boundaries training according to your faith group requirements? _____ Yes (Provide Documentation) _____ No
15. **If applying for supervisory CPE (requires completion of 4 units of CPE to apply for Supervisory CPE) –**
 - Provide a written statement on how you met Level I & Level II outcomes.
 - Provide a written statement on how the SCC Common Standards have been met.
 - Provide a written statement on how and when the requirements for candidacy will be met.

Applicants with a clinical site other than UnityPoint Health – Des Moines: Your congregation or ministry site:

Extended unit applicants; indicate your need for assistance in obtaining a ministry site. _____ Yes _____ No

Thank you for completing your CPE application. You may send application via USPS, email or Fax:

- | | |
|--|---|
| <ul style="list-style-type: none">○ Email by attaching this form and documents to:
UPHDM_cpe@unitypoint.org. If you email your application, the form should be scanned into a PDF document with your signature. You may email the narrative and mail the signed form to our mailing address. | <ul style="list-style-type: none">○ By USPS: Rev. Grayce Lane
Pastoral Care Services
UnityPoint Health-Des Moines
1200 Pleasant St
Des Moines, Iowa 50309-1453○ By Fax: (515) 241-3422 |
|--|---|



**The Association for Clinical
Pastoral Education**
UnityPoint Health – Des Moines

CPE Center: Iowa Methodist Medical Center, Iowa Lutheran Hospital,
Blank Children's Hospital and Methodist West Hospital
1200 Pleasant St, Des Moines, Iowa 50309; (515) 241-6411

<u>Program Applying for –</u>	<u>Initial Unit</u>
___ Single Intensive unit	___ Summer
___ Residency	___ Fall
___ Extended (Fall)	___ Winter
___ Extended (Spring)	___ Spring
___ Supervisory	___ First Opening

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 Nos. Day: _____ Evening: _____ Cell: _____ Fax: _____

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: _____
Enter date of highest

EDUCATION

College: _____ Degree _____ Date _____

Seminary: _____ Degree _____ Date _____

Graduate Study: _____ Degree _____ Date _____

Other: _____ Degree _____ Date _____

Prior CPE Dates	Center	Supervisor	No of Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Group (state 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 (Fax, mail, or scan to PDF and email)