



Association for Clinical Pastoral Education
Application & Instructions for Clinical Pastoral Education
Unity Point Health—Trinity Hospitals in the Quad Cities

Please respond to each of the following items. Your typed responses on separate pages would be appreciated.

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.
2. 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 and development. Describe your family of origin, current family relationships, and important and supportive social relationships.
3. 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 and development.
4. A description of your work (vocational) history. Include a chronological list of jobs/positions/dates of employment 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 admission interview for our CPE internship program. Any qualified person such as an ACPE supervisor or a person approved by our center may conduct an interview. Please contact us with any questions you may have about this process.
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. Retain your own copy of this completed application and bring it with you to any interview for CPE.
12. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime? Yes___ No___
13. Please attach a current resume.

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

Email by attaching this form and documents to:

David.Turner3@unitypoint.org If you email your application, the form should be scanned into a PDF document with your signature.

By USPS:
Clinical Pastoral Education
Pastoral Care
Unity Point Health—Trinity
2701 17th Street
Rock Island, IL 61201

By Fax: 309 779-5123



CPE Center:
Unity Point Health—Trinity
Quad Cities: Bettendorf, IA; Rock Island & Moline, IL
309 779-2992

Applying for: Summer _____ Extended Unit _____ Earliest date you can begin: _____

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: _____ Present Position: _____
Jurisdiction/District/Diocese/Conference/Assoc: _____
Jurisdictional Authority (Include name/title/contact info: address, phone, email): _____

Ordained _____ Licensed _____ Appointed _____ Endorsed _____ Commissioned _____ Date: _____

Education

College: Degree/Date: _____
Seminary: Degree/Date: _____
Grad Schl: Degree/Date: _____

Table with 3 columns: Prior CPE Dates, Center, Supervisor

References

Academic

(Name/Title): _____
Ph: _____ Address: _____
City: _____ ST: _____ ZIP: _____ Email: _____

Faith Group Representative

Name/Title: _____ Ph: _____ Email: _____
Address: _____ City: _____ ST: _____ ZIP: _____

Professional/ Peer/ Personal (state relationship)

Name: _____ Ph: _____ Email: _____
Address: _____ City: _____ ST: _____ ZIP: _____

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 ACPE center to which I am applying to access my 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: _____