

## Application and Instructions for Clinical Pastoral Education

Please respond to each of the following items. Please type your responses.

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. Admissions Interview: You are required to complete an admissions interview with an ACPE supervisor or a person approved by the center to which you are applying, or at the center to which you are applying. If you are not being interviewed at Mercy, you will need an admissions interview prepared by an ACPE Supervisor or another person satisfactory to Mercy's Director of Pastoral Education. Applicants for a CPE Residency do their admissions interview at Mercy. If you are interviewing at a center other than the one to which you are applying, you may be required to pay an interview fee, usually due at the time of the interview. Contact the center to check on their policy regarding admission interviews.
8. Application Fee: Mercy Hospital's CPE program has a \$25.00 non-refundable application fee, payable with the application. Make check payable to *Mercy Hospital CPE Program*.
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.

I certify that all information in this application is factually true, complete, and honestly prepared. I understand that I may be subject to disciplinary action, including admission revocation or program expulsion, should the information I have certified be false. I hereby give permission to the CPE 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.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

### Mission Statement

Mercy Hospital Springfield Clinical Pastoral Education Program prepares ordained, professed, and lay persons for chaplaincy and faith-based ministry. The program provides experience-based theological education in three key areas: pastoral formation, pastoral competence, and pastoral reflection.

We value our Christian heritage which gives expression to the mission of compassion through the healing ministry of the Roman Catholic Church. We honor the tradition of the sisters of Mercy respecting the dignity and the unique diversity of all CPE Students as we prepare them to serve others in these three key areas. (PCC approval 1/30/12)

CPE is not a trademark and variously accredited programs are advertised and offered. The CPE program at Mercy is accredited by the Association for Clinical Pastoral Education, Inc., One West Court Square, Suite 325, Decatur GA 30033. Phone: 404-320-1472. Fax: 404-320-0849. Web: [www.acpe.edu](http://www.acpe.edu). Email: [acpe@acpe.edu](mailto:acpe@acpe.edu)

**Mercy Hospital Springfield CPE Program – Springfield, Missouri**

1235 East Cherokee

Springfield MO 65804-2263

417-820-2724 or 417-820-2736

Rev. Dr. Unyong Statwick, Psy. D. CPE Supervisor at: [unyong.statwick@mercy.net](mailto:unyong.statwick@mercy.net)

Applying for: 12 month residency\_\_\_ Extended Unit\_\_\_ Summer unit\_\_\_ Supervisory Education\_\_\_

Earliest date you can begin:

Name: \_\_\_\_\_ U.S. Citizen: Yes\_\_\_ No\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Country: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Telephone number.: \_\_\_\_\_ Alt Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Permanent address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Country: \_\_\_\_\_ Alt Email: \_\_\_\_\_

Denomination/Faith Group Affiliation: \_\_\_\_\_

Jurisdiction/District/Diocese/Conference/Assoc: \_\_\_\_\_

Jurisdictional Authority (name/title): \_\_\_\_\_

Local Church & Ministry Position: \_\_\_\_\_

Ordained/Licensed/Appointed/Professed: \_\_\_\_\_ Date: \_\_\_\_\_

Present Position: \_\_\_\_\_

Education	Date	Degree	Institution
College			
Seminary			
Graduate School			
Prior CPE-Level	Dates	CPE Center	CPE Supervisor

**Academic Reference** (name/title): \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**Denominational Reference** (name/title): \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**Personal Reference** (name/relationship): \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**Admissions Interviewer:** \_\_\_\_\_

Address: \_\_\_\_\_

Interviewer's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_