

APPLICATION FOR CLINICAL PASTORAL EDUCATION



Penn Medicine
Lancaster General Health

www.LancasterGeneralHealth.org/CPE

Name _____

Mailing Address _____

City, State & Zip Code _____

Email _____

Phone (____) _____ home, work, cell

Alternate Phone (____) _____ home, work, cell

Faith Group / Denomination Affiliation _____

Ordained / Licensed for Ministry Yes, No (If yes, please include copy of documentation.)

Present Position _____

Education:

College
Name: _____ Degree _____ Dates _____

Seminary
Name: _____ Degree _____ Dates _____

Other
Name: _____ Degree _____ Dates _____

Previous Clinical Pastoral Education:

Center _____ Supervisor(s) _____ Dates _____

Center _____ Supervisor(s) _____ Dates _____

Center _____ Supervisor(s) _____ Dates _____

References:

Faith Group
Name/Title _____ Telephone (____) _____

Address _____ Email _____

Academic (if not in school for five years or more, use professional reference)

Name/Title _____ Telephone (____) _____

Address _____ Email _____

Personal (someone not related to you who can attest to your character and suitability for this training)

Name/Title _____ Telephone (____) _____

Address _____ Email _____

Keep in mind that with this application you are creating our first impression of you.

Application Is Continued on Next Page

I am applying for the following program:

Internship - 1 unit CPE ____/____
(October - April)

Residency - 3 units CPE ____/____
(August - August)

Description of programs & dates are online.

Lancaster General Hospital – CPE Application & Instructions

1. Completed Applications can be submitted by mail or email:

Lancaster General Hospital
Chaplaincy Care & Education
555 N. Duke Street
Lancaster, PA 17604-3555

CPE Education Coordinator
CPE@LGHealth.org

- 2 & 3. An account of your life - Describe your family of origin, current family relationships, and other significant relationships and their impact on your ministry. Include events and how those have impacted your growth and development. Include a description of your spiritual growth and development - Describe the events and process that led you toward ministry. Indicate your current connection with your faith tradition/group. *(The standard ACPE application separates these two questions. However, you are free to integrate them into one essay.)*
4. A description of your work (vocational) history - Include a chronological list of jobs/positions/dates of employment and a brief statement of your current employment and work relationships. A resume is satisfactory.
5. A recent account of when you helped someone and what you learned from this encounter.
- Include the nature of the request, your assessment of the issue/encounter and a brief evaluative summary of what you did and how you cared for that person.
 - If you had prior Clinical Pastoral Education, please use a verbatim format and evaluate the care that you provided in this encounter.
6. Your impressions of Clinical Pastoral Education and your goals for the program.
- Describe "Clinical Pastoral Education" in your own words.
 - If CPE is being required of you, how do you understand the requirement?
 - Describe your personal strengths and weaknesses in meeting/encountering people.
 - Indicate any professional goals and how CPE will address them.
 - Describe how you take responsibility for your learning.
7. An admissions interview with an ACPE Supervisor is required. A face-to-face meeting, in person or electronically, with the LGH supervisor is required to discuss the particularities of this program. For residents, an on-site interview with the LGH supervisor and members of the professional consultation committee is required.
8. International Applicants: Lancaster General Hospital's CPE program does not accept international applicants due to the complexity and uncertainty of the visa process.
9. Applicants with previous CPE must attach or send copies of all previous self and supervisor evaluations.
10. Have you ever been convicted or pled no contest to a misdemeanor, a felony, or other crime? Yes, No
If yes, please explain.

Note: A criminal background check, child abuse clearance, and drug testing is required of all CPE participants.

I hereby give my consent to Lancaster General Hospital's Chaplaincy Care & Education Department to contact references and previous CPE supervisors about my application and suitability for CPE.

Signature: _____ Date: _____

Lancaster General Hospital is accredited to offer Clinical Pastoral Education programs by:

Association for Clinical Pastoral Education, Inc., 55 Ivan Allen Jr. Boulevard, Suite 835, Atlanta, GA 30308

Ph: 404.320.1472 ♦ Fax: 404.320.0849

Web: www.acpe.edu ♦ Email: acpe@acpe.edu