



Name: _____

Email: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ home, work, cell

Alternate Phone: _____ home, work, cell

Faith Group /Denomination Affiliation /Endorsing Body (if applicable):

Name of Local Faith Community: _____

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

Present Position: _____

Education:

College Name: _____ Degree: _____ Dates: _____

Graduate School Name: _____ Degree: _____ Dates: _____

Prior Clinical Pastoral Education:

Center: _____ Educator: _____ Dates: _____

Center: _____ Educator: _____ Dates: _____

Center: _____ Educator: _____ Dates: _____

References:

Faith Group:

Name: _____ Email: _____ Phone: _____

Address: _____ City, State, Zip Code: _____

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

Name: _____ Email: _____ Phone: _____

Address: _____ City, State, Zip Code: _____

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

Name: _____ Email: _____ Phone: _____

Address: _____ City, State, Zip Code: _____

I am applying for the following program:

Internship: 1 Unit CPE _____ / _____
(October - April)

Residency: 3 Units CPE _____ / _____
(August - August)

For program descriptions and more:
LGHealth.org/CPE

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

1. **Send your completed application to us by email:** CPE@LGHealth.org
Or by mail: Lancaster General Hospital Chaplaincy Care & Education Dept. 555 N Duke St. Lancaster, PA 17604
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. *(Prompts 2 and 3 may be combined into one essay, or kept separately.)*
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. A resume is also acceptable.
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. 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 spiritual care practice 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. **You will need an admissions interview** at Lancaster General Hospital with our ACPE Certified Educator.
8. **There is no application fee** at Lancaster General Hospital.
9. **International Applicants:** Lancaster General Hospital’s CPE program does **not** accept international applicants due to the complexity and uncertainty of the visa process.
10. **An applicant with prior CPE must attach all previous self and supervisory evaluations.** 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 no contest to a misdemeanor, a felony, or other crime?** Yes No
(If yes, please explain.) _____

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 Lancaster General Hospital 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 I choose to send in this application electronically it constitutes my electronic signature.

Signature: _____ **Date:** _____