



# BRIGHAM AND WOMEN'S HOSPITAL

## CLINICAL PASTORAL EDUCATION APPLICATION

*Applying for the year of:* \_\_\_\_\_

**Application for (please check one):**

- Extended Unit (Sept-April)
- Summer Unit (June-Aug)
- Residency (Sept-May)
- Fall Semester Unit (Sept – Dec)
- Spring Semester Unit (Jan – April)

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Personal Information:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Street Address

Apartment #

City

Zip Code

( )  
Phone

Permanent Mailing Address: \_\_\_\_\_

Street Address

Apartment #

City

Zip Code

( )  
Phone

If NOT a US Citizen: I-94 Visa Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

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

Local Church and Ministry Position: \_\_\_\_\_

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

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Education:**

Degree/Date

College: \_\_\_\_\_

\_\_\_\_\_

Seminary: \_\_\_\_\_

\_\_\_\_\_

Graduate Study: \_\_\_\_\_

\_\_\_\_\_

**Previous Clinical Pastoral Education:**

Dates

Center

Supervisor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**References:** Please list your three references below. Print out the reference form on the BWH CPE website and give it to your three references. Ask your references to mail the completed form directly back to us at the address on the form.

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*\*\*For those applying for a summer unit from beyond the New England area, please list your admission interviewer's contact information.**

Admission Interview conducted by: \_\_\_\_\_ Date Interviewed: \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

## Application & Instructions for Partners Clinical Pastoral Education

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

1. A reasonably full account of your life, including important events, relationships with people who have been significant to you, and the impact these events and relationships have had on your development. Describe your family of origin, your current family relationships and your educational growth dynamics.
2. A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief systems. (1 and 2 may be interwoven)
3. A description of the development of your work (vocation) history, including a chronological list of positions and dates.
4. An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the "problem," what you did, and a summary evaluation. If you have had previous CPE, include this information in verbatim form.
5. Your impression of Clinical Pastoral Education and your educational goals, including how this training will be used to meet your goals for doing ministry.
6. You are required to complete an admissions interview with one of our ACPE supervisors at the center to which you are applying. When we receive your application, an email will be sent back to you confirming our receipt of your application and current status.
7. In addition to your CPE application, we require three references. Please print out the reference form on the website and give it to your three references. Ask the references to mail the completed form directly back to us at the address on the reference form.
8. With your application, please submit an application fee of \$75. The check should be made out to the 'BWH Chaplaincy Fund.'
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) month prior to the start of the program for which they are applying.
10. An applicant with prior CPE should attach copies of all previous self and supervisory CPE evaluations.
11. Those with previous CPE experience, what are your personal and professional goals and how will continued training aid that process?
12. Retain your own copy of this completed application and bring it with you to any interview for CPE.

*For all programs, please send the completed application and application fee (\$75.00) to the site for  
Extended Unit, Semester Based and Residency Applications:*

*Please make the check to BWH Chaplaincy Fund*

### **Send completed application materials to:**

Brigham and Women's Hospital  
Spiritual Care Services Department  
75 Francis Street  
Boston, MA 02115  
Attn: Clinical Pastoral Education

For office use:

Interview by \_\_\_\_\_

Orientation \_\_\_\_\_

References \_\_\_\_\_

Health Screening \_\_\_\_\_

CORI \_\_\_\_\_

Start Date \_\_\_\_\_

KR 01/06