

Read instructions carefully before submitting. International applicants have additional requirements and deadlines. Please respond to the below questions in essay form. Please also complete the attached form and email your application to [ajeuland@griffinhealth.org](mailto:ajeuland@griffinhealth.org) or mail to:

Griffin Hospital  
Department of Spiritual Care & Education  
Clinical Pastoral Education  
130 Division Street,  
Derby, CT 06418



1. 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.
2. A description of your spiritual growth and development. Include, for example, the Spiritual/Values-Based Orienting System into which you were born and describe and explain any subsequent, personal conversions, your call to spiritual care, religious or spiritual experiences, and significant persons and events that have impacted, or continue to impact, your spiritual growth and development.
3. 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.
4. 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 educator 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 spiritual care colleagues and/or administrative supervisor.*
5. An account of a time in which you were the person who received help. Include the nature and extent of the request, as well as your evaluation of the care offered to you. *If you have had prior and **recent** CPE, please include a description of an instance in which a peer or CPE educator helped you. Please add what you learned from this incident.*
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 leadership in a theological, spiritual, or values-based system. *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 spiritual care practice 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. Please attach a current resume.
8. An applicant with prior CPE should attach all previous self and educator evaluations and your signature below indicates you give permission for your previous CPE programs to release your evaluations for purposes of this application process.
  - Retain your own copy of this completed application and bring it with you to any interview for CPE. Contact the program to check on their policy regarding admission interviews. You are required to complete an admissions interview with an ACPE Certified Educator, or a person approved by the program to which you are applying, or at the program to which you are applying.
  - For international applicants only: If offered employment, can you submit verification of your legal right to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ (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.)

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 program to which I am applying to access my CPE evaluations and contact previous educators 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.

• **Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Application for CPE

Print or type responses and mail completed application **to the program** to which you are applying.

Applying for: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Residency\* \_\_\_\_\_ Extended Unit \_\_\_\_\_

Preferred program/site: \_\_\_\_\_ Earliest date you can begin: \_\_\_\_\_

\*Please note that residency programs usually require an in-person interview in their admissions process.

### Directory Information

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_ 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: \_\_\_\_\_

Spiritual/Values-Based Orienting System: \_\_\_\_\_

Denomination/Endorsing Body/Community of Affirmation (if applicable): \_\_\_\_\_

Name of Local Community: \_\_\_\_\_

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

College: Degree/Date: \_\_\_\_\_

Grad Schl: Degree(s)/Date(s): \_\_\_\_\_

Prior CPE Dates:	Program	Educator
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Academic Reference

(Name/Title): \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Spiritual/Values-Based Orienting System Reference (name/title): \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**Admissions Interviewer** (If Utilized): \_\_\_\_\_

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

Interviewer's Ph: \_\_\_\_\_ Email: \_\_\_\_\_

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