



URBAN CLINICAL PASTORAL EDUCATION, INC.
Application & Instructions for Urban Clinical Pastoral Education

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

1. Please complete the attached form and narrative requirements listed below. Mail to Urban CPE Consortium, Inc., 1668 W. Ogden Ave., Chicago, IL 60612-3249 or email to urbancpeconsortium@gmail.com. There is a \$35 application fee. Read carefully all instructions; International applicants have additional requirements and deadlines.
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 a brief statement about your current student status, employment and/or volunteer 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 more than two years ago, include a recent verbatim-style helping encounter.***
6. An account of a time when you needed help and how you received it. Include similar information as that requested in No. 5. Identify how you experience yourself seeking help or claiming any needs that you have from others.
7. 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***
8. State what draws you to the Urban CPE program. Include any experiences you have had in the urban context and what were concerns, challenges, insights you gained in these experiences. You do not need to have had urban experiences to apply for Urban CPE.
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.
10. Required materials to be sent with these narrative responses:
 - (1) Previous CPE self and supervisory evaluations
 - (2) US immigration documents (see No.10) if applicable
 - (3) application fee of \$35.00 (checks to be made to Urban CPE Consortium, Inc.)
 - (4) updated resume

After receipt of your completed application materials, you will be contacted for an admissions interview. If you have already obtained an admission's interview from a qualified interviewer for CPE, please arrange for a report to be sent to the Urban CPE Supervisor.

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 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.

Signature: _____ Date: _____

CPE is not a trademark and variously accredited programs are advertised and offered. This application form is an adaptation of that approved and provided by the Association for Clinical Pastoral Education, Inc. 1549 Clairmont Road, Suite 103 ■ Decatur, GA 30033-4635 Phone: 404/320-1472

URBAN CPE CONSORTIUM, INC, 1668 W. Ogden Ave., Chicago, IL 60612-3249
Barbara Sheehan, SP, Executive Director/ACPE Supervisor, 312-997-2222, ext. 226; urbancpeconsortium@gmail.com



Application for Clinical Pastoral Education

Print or type responses and mail completed application to the Center or Cluster to which you are applying.

Applying for: Fall _____ Winter _____ Spring _____ Summer _____ 12 month 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: _____ 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: _____

Denomination/Faith Group Affiliation: _____

Jurisdiction/District/Diocese/Conference/Assoc: _____

Jurisdictional Authority (name/title): _____

Local Church & Ministry Position: _____

Ordained/Licensed/Appointed: _____ Date: _____

College: Degree/Date: _____

Seminary: Degree/Date: _____

Grad Schl: Degree/Date: _____

Prior CPE Dates:	Center	Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Reference

(Name/Title): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Denominational Reference (name/title): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Personal Reference (name/relationship): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Admissions Interviewer: _____

Address: _____

Interviewer's Ph: _____ Email: _____

Signature of applicant: _____ Date: _____