

A description of your spiritual growth and development. Include, for example, the

e. 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. You are required to copy you

are applying, you may be required to pay an interview fee, usually due at the time of the interview.

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. If offered employment, can you submit verification of your legal right to work in the U.S.? Yes No

10.

Application for CPE

Print or type responses and mail completed application

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.

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Name/Title): _____

Ph: _____ Address: _____

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

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

Ph: _____ Address: _____

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