**CCPE Application Instructions**

**Please respond to each of the following items. Please type your responses as one document with section headings for each question and do not exceed the recommended page length.**

**Please number your pages and put your name at the top of each page.**

**Your application is not complete without responses to all questions and your signature.**

* 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, development, and work history. Describe your family of origin, current family relationships, and important and supportive social relationships. (2-3 pages)
* 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, development, and ministry context. (1.5 pages)
* A description of your place of ministry, including your role and responsibilities. If you are not the pastor, please include the name and contact information for your supervising pastor, presiding elder or other denominational official to whom you report. (Half page)
* An account of a “recent ministry encounter” in which you were the person who provided pastoral care. Include the nature and extent of the encounter, 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. (1 page)
* Your impressions of Clinical Pastoral Education. 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. (Half page)
* Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime? Yes\_\_\_ No\_\_\_

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 program to which I am applying to access any prior 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 sending in this application electronically it constitutes my electronic signature.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CME CONNECTIONAL CPE APPLICATION CHECKLIST**

\_\_\_\_\_\_\_ 1. Face Sheet

\_\_\_\_\_\_\_ 2. Responses to Narrative Questions

\_\_\_\_\_\_\_ 3. Presiding Bishop’s (or other Ecclesial authority) Letter of Reference

\_\_\_\_\_\_\_ 4. Non-refundable Application Fee

($50.00 made payable to “Academy for Public Theology” with CPE on memo line)

**ACKNOWLEDGEMENT:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) understand this application is for a program of clinical pastoral education, an education program for clergy and religious leaders. I understand that this CPE program will meet the requirements for CPE set forth by the CME Church. I understand this CPE program **may** or **may not** be recognized by other accrediting programs that offer CPE and certifying organizations that certify chaplains. Those organizations will make their own independent decision about recognizing this unit of CPE.

**ACCEPTANCE:** I understand my acceptance is based on the full completion of an application with the non-refundable application fee of $50.00. My acceptance may be conditional upon the receipt of additional documentation.

**ATTENDANCE:** I understand I am required to attend all scheduled seminars and sessions. I ***must*** be present for both the in person and electronic sessions to receive full credit.

**REPORTING:** I understand that I will receive a certificate from the Connectional CPE Program and a Final Evaluation and that it is my responsibility to provide copies to any denominational authority requiring documentation of my completion of the program.

**FINANCIAL:** I understand all tuition and fees ***must*** be paid in full by the announced and published deadlines, in order for me to continue in the program and receive credit. If I withdraw after the program begins, any refund of tuition will be prorated, but will not exceed more than ½ of the total tuition. There will be no refunds for withdrawal after the mid-point of the course. **All CPE-related travel expenses for transportation, parking, lodging, and meals are my responsibility.**

(Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETAIN A COPY OF THIS SIGNED DOCUMENT FOR YOUR RECORDS.**

After you have completed the Narrative Questions and signed both pages please click the link on the webpage:

<https://myaptprograms.com/programs/connectional-clinical-pastoral-education/>

Please fill out the Digital Face Sheet with your information and upload your signed pages to the website to complete your application.