

**Self Regional Healthcare**  
**Spiritual Care and Clinical Pastoral Education Department**  
**Application for Clinical Pastoral Education**

Unit Desired				
Unit: (Check One)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Single Unit (Internship)	Extended Unit (Externship)	1 <sup>st</sup> Year Residency	2 <sup>nd</sup> Year Residency
Year applying for: _____				
Unit(s) (If applying for an Internship or Externship)			<input type="checkbox"/>	<input type="checkbox"/>
Internships last one unit; Externships last two consecutive units			Winter	Spring
			Summer	Fall

Applicant Information	
Name:	U.S. Citizen?
Address:	Email Address:
	Phone:

Denomination/Faith Group Information	
Name of Religious Body	Conference, Presbytery, Diocese, Association, Synod, etc.
Ordained?	Date of Ordination

Education	Degree / Date
College:	
Seminary:	
Other Graduate Study:	

Previous Clinical Pastoral Education		
Dates	Center	Supervisor

References	
Denomination / Faith Group	
Name:	Email:
Address:	Phone:
Academic / Professional	
Name:	Email:
Address:	Phone:
Other	
Name:	Email:
Address:	Phone:

**Attach to Application:**

1. Three “stories” (one-half to one page each) of important events / people / memories in your life. These may be anything of significance, but pay special attention to those which triggered life-change for you.
2. A religious autobiography (two to three pages). Include information about faith group / denominational activities of each parent prior to your birth, as well as an account of your own religious pilgrimage. If you have held leadership positions of any kind in your religious group, describe each one.
3. An account of a time when you helped someone else. Be specific about the need as you understood it and about how you provided help. If you have recently completed a unit of CPE, include one of your verbatims for this portion of the application.
4. A statement about why you want Clinical Pastoral Education. If you have specific ideas about what you would like to learn, include them.
5. **If you have had previous Clinical Pastoral Education**, please include copies of evaluations written by you and by your supervisor(s).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Self Regional Healthcare  
Spiritual Care and Clinical Pastoral Education Department  
1325 Spring Street  
Greenwood SC 29649