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

|   |              | Unit Do   | esired             |                    |        |      |  |  |
|---|--------------|---|--------------------|--------------------|--------|------|--|--|
| Unit: (Check One)   |              |   |                    |                    |        |      |  |  |
|   | Single Unit  | Extended Unit   |                    | 2 <sup>nd</sup> Ye |        |      |  |  |
|   | (Internship) | (Externship)  | Residency          | Residen            | cy     |      |  |  |
| Year applying for:  |              |   |                    |                    |        |      |  |  |
| Unit(s) (If applying for an Internship or Externship)             |              |   |                    |                    |        |      |  |  |
| 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 Religiou  | is Body      | Conference, Presbytery, Diocese, Association, Synod, etc. |                    |                    |        |      |  |  |
| Ordained?   |              |   | Date of Ordination |                    |        |      |  |  |
|   |              |   |                    |                    |        |      |  |  |
|   | Education    |   |                    | Degree / Date      |        |      |  |  |
| College:  |              |   |                    |                    |        |      |  |  |
| Seminary:   |              |   |                    |                    |        |      |  |  |
| Other Graduate S  |              |   |                    |                    |        |      |  |  |
| Previous Clinical Pastoral Education                              |              |   |                    |                    |        |      |  |  |
| Dates   |              |   | Supervisor         |                    |        |      |  |  |
|   |              | Center  |                    |                    |        |      |  |  |
|   |              |   |                    |                    |        |      |  |  |
|   |              |   |                    |                    |        |      |  |  |

| References   |  |   |  |  |  |
|--|--|---|--|--|--|
| Deno   | mination / Faith Group   |   |  |  |  |
| Nam  | e:   | Email:  |  |  |  |
| Addr   | ess:   | Phone:  |  |  |  |
|  |  |   |  |  |  |
| Acad   | emic / Professional  |   |  |  |  |
| Name:  |  | Email:  |  |  |  |
| Address:   |  | Phone:  |  |  |  |
|  |  |   |  |  |  |
| Other  |  |   |  |  |  |
| Name:  |  | Email:  |  |  |  |
| Address:   |  | Phone:  |  |  |  |
|  |  |   |  |  |  |
|  |  |   |  |  |  |
| Attach   | to Application:  |   |  |  |  |
| 1.   | Three "stories" (one-half to one page each) of importa<br>anything of significance, but pay special attention to the | ant events / people / memories in your life. These may be hose 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 accoun leadership positions of any kind in your religious grou     |   |  |  |  |
| 3.   | An account of a time when you helped someone else. I   | Be specific about the need as you understood it and about   |  |  |  |
|  | how you provided help If you have recently completed portion of the application.                                     | 1 a unit of CPE, include one of your verbatims for this   |  |  |  |
| 4.   | A statement about why you want Clinical Pastoral Edulike to learn, include them.                                     | ucation. If you have specific ideas about what you would  |  |  |  |
| 5. <b>If you have had previous Clinical Pastoral Education</b> , please include copies of evaluations writte |  |   |  |  |  |
|  | by your supervisor(s).   |   |  |  |  |
|  |  |   |  |  |  |
|  |  |   |  |  |  |
|  | Signature of Applicant   | Date  |  |  |  |

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