

**UNIVERSITY OF VIRGINIA HEALTH SYSTEM
APPLICATION FOR CLINICAL PASTORAL EDUCATION, ACPE***

Application for (choose a program): Level I Summer Level I Fall Extended Level II Residency SIT

Please enclose the \$50 non-refundable processing fee with your application. Your application will be reviewed when we have received all of the required materials listed on the back of this application form, including the processing fee and photograph.

Name: _____
Mailing Address: _____
Telephone: () _____ **FAX:** () _____ **Email:** _____
Present Position: _____ **How Long?** _____

OCCUPATIONAL HISTORY (List description and dates, beginning with the most recent):

EDUCATIONAL HISTORY (SIT and Residency applicants, please have your transcripts sent directly to us):

College: _____	Degree: _____	Date: _____
Seminary: _____	Degree: _____	Date: _____
Graduate Study: _____	Degree: _____	Date: _____

PREVIOUS CLINICAL PASTORAL EDUCATION (Dates; CPE Center ^{include accreditation source;} ; Supervisor ^{list certifying organization})

DENOMINATION AFFILIATION: _____ **Status:** _____

REFERENCES: Please fill out the top portion of the enclosed **Letter of Reference Form** and supply a copy to **three references**. List the names of the three references below. Reference givers are instructed to fill out the bottom portion of the form and then mail or fax directly to: Chaplaincy Services and Pastoral Education, UVA Health System, PO Box 800672, Charlottesville, VA 22908-0672. FAX: (434) 924-1139.

Reference - Academic: _____
Reference - Religious/spiritual: _____
Reference - Person of another profession: _____

READ CAREFULLY BEFORE SIGNING:

I certify that the information contained in this application and its attachments is true. I understand that falsification of information or incomplete statements will result in cancellation of this application. I agree that examination and verification of my employment and previous CPE education, except as it pertains to age, race, sex, color, creed, national origin, marital status or disability, may be made and used relative to my application status. I authorize my former CPE supervisors, employers, persons listed as references and other persons or organizations listed to provide this information and I release all concerned from any liability in connection therewith. I certify that as of the intended date of enrollment I will have graduated from an accredited high school or the equivalent and completed, in good standing, additional education and/or degrees as listed on this application and attachments. I understand that the application fee is not refundable.

Signature of Applicant: _____ **Today's Date:** _____
Birth date: _____ **Social Security Number:** _____

Residency application materials may be read by the Director of Housestaff. Materials for successful residents are kept in the Housestaff Office according to the Standards of General Medical Education Programs.

***Accredited by the Association for Clinical Pastoral Education, Inc. 1549 Clairmont Road Suite 103, Decatur, GA 30033 404-320-1472.**

The University of Virginia Health System Department of Chaplaincy Services and Pastoral Education does not discriminate against any person on the basis of age, citizenship, color, handicap, national origin, political affiliation, race, religion, sex, sexual orientation or status as a disabled veteran or veteran of the Vietnam era.

The University of Virginia Health System operates equal opportunity and affirmative action programs for faculty, staff, and students.

The University of Virginia Health System is an Equal Opportunity/Affirmative Action Employer.



**UNIVERSITY OF VIRGINIA HEALTH SYSTEM
DEPARTMENT OF CHAPLAINCY SERVICES AND PASTORAL EDUCATION**

APPLICATION INSTRUCTIONS FOR CLINICAL PASTORAL EDUCATION

1. Complete the Application for Clinical Pastoral Education form (other side) and attach a recent photograph. All applicants must enclose a non-refundable \$50 processing fee. The integrity of the information provided is essential.
2. In a separate statement give a reasonably full account of your life and personal development up to the present time. Include any information you believe is significant and, in particular, cover the following points: early family life, religious development and significant turning points in your life, educational experiences (degree majors, etc.), current family life, and occupational history.
3. In separate statements, please answer the following questions and provide explanations, if needed.
 - a. Have you ever been suspended or dismissed from another CPE program? If yes, please explain.
 - b. Have you ever been convicted of any felony or misdemeanor, excluding non-moving traffic violations? If yes, explain all circumstances surrounding the conviction.
 - c. Is there anything else we should know about you that has not been covered in these two questions? If so, please explain.
4. Hours of service and education may be significant at times. Due to this context, comment on your present state of health (physical and emotional). Your comment should reflect answers to two questions in particular: Do you currently suffer from any health or emotional problem that affects, or may affect, your ability to perform your duties as a resident or intern in the department? Do you take any medication or drugs, including alcohol or any form of drug, legal or illegal, which may affect your ability to perform your duties as a resident or intern in the department?
5. Give a statement of your professional goals and your goals for ministry. Include how you expect to utilize clinical pastoral education. Include in this statement your impressions of clinical pastoral education and your reason for making application.
6. Provide an evaluation of your pastoral experience. (If you have not had pastoral experience describe an incident in which you were called on to help someone, the nature of the request, your understanding of the request, and how you attempted to help.)
7. Include copies of your and your supervisor's evaluations of previous clinical pastoral education (if applicable).
8. Applicants for Residency only: Include curriculum vitae, academic transcripts, including undergraduate, seminary, and any other graduate education completed.
9. Applicants for Residency must have an admission interview at this center. Applicants for the Summer Unit or the Fall Extended Unit may have an admission interview with any CPE supervisor or other qualified person. (CPE supervisors, seminary liaison professors, and ACPE regional directors may recommend interviewers.)
10. Applicants for Supervisory Education: Complete items 1,2,3,4,5,7,8, and 12. Submit four papers of not more than 5 single-spaced pages on the following topics: vision of ministry paper, theology paper, and an understanding of CPE paper. Also submit a recent verbatim or case study and tentative learning goals.
11. For current UVa CPE Students: If you choose to reapply for second year of residency, SIT, or internship, you will need to submit a new application. For item 2, please update your personal history to include reflections on this past year of CPE. Update item 5 with new learning goals, including how you will utilize a second year/unit of CPE. Please be responsible for making your own copies of evaluations. If you are applying for a second year residency or an SIT position, then you will not need to request college or seminary transcripts again. However, you should submit an official transcript of any new courses you completed.
12. Please be sure to include three references as indicated on the front of this application. Use UVAHS CPE Letter of Reference Form. Applicants for Residency Year should ask one reference to comment on physical and emotional health and ability to fulfill a residency.