

## Application & Instructions for Clinical Pastoral Education

1. Read instructions carefully before submitting. International applicants have additional requirements and deadlines.
2. Please respond to the below questions in essay form. Please also complete the attached form and email your application to [CPE@YNNH.org](mailto:CPE@YNNH.org) or mail to  
Yale New Haven Hospital  
Department of Spiritual Care  
Clinical Pastoral Education  
20 York Street  
New Haven, CT 06510-3202
3. 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 and development. Describe your family of origin, current family relationships, and important and supportive social relationships.
4. 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 and development.
5. A description of your work (vocational) history. Include a chronological list of jobs/positions/dates of employment and a brief statement about your current employment and work relationships.
6. An account of a "helping incident" in which you were the person who provided the help. Include the nature of the request, 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. *If you have had prior and **recent** CPE, please attach a **recent** verbatim as your 'helping incident' and add to the verbatim your own notes on what you learned from sharing this verbatim in CPE. If you have had CPE, but it was more than two years ago, include a recent account of a helping incident, written up in a verbatim format.*
7. An account of a time in which you were the person who received help. Include the nature and extent of the request, as well as your evaluation of the care offered to you. *If you have had prior and **recent** CPE, please include a description of an instance in which a peer or CPE supervisor helped you. Please add what you learned from this incident.*
8. Your impressions of CPE. Indicate, for example, what you believe or imagine CPE to be. Indicate if CPE is being required of you. Indicate any personal and professional learning goals or issues you 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. *If you have had prior CPE, please indicate the most significant CPE learning experience. 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 ministry and your identity as a professional person.*
9. You are required to complete an admissions interview with an ACPE supervisor or a person approved by Yale New Haven Hospital, Department of Spiritual Care. If you are interviewing at a different CPE Center, you may be required to pay an interview fee, usually due at the time of the interview.
10. 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\_\_\_
11. An applicant with prior CPE should attach all previous self and supervisory evaluations.
12. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime? Yes\_\_\_ No\_\_\_
13. Please attach a current resume.

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 Yale New Haven Hospital, Department of Spiritual Care to access my 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.

Applying for: CPE Summer Unit \_\_\_\_\_ CPE Extended/Part-time Unit \_\_\_\_\_ 9 month CPE residency \_\_\_\_\_

Please email your application to [CPE@YNHH.org](mailto:CPE@YNHH.org)

Or mail to: Department of Spiritual Care, Clinical Pastoral Education; 20 York Street, New Haven CT 06511-3202

**Directory Information**

Name: \_\_\_\_\_ 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: \_\_\_\_\_

Denomination/Faith Group Affiliation: \_\_\_\_\_

Jurisdiction/District/Diocese/Conference/Assoc: \_\_\_\_\_

Jurisdictional Authority (name/title): \_\_\_\_\_

Local Church & Ministry Position: \_\_\_\_\_

Ordained/Licensed/Appointed: \_\_\_\_\_ Date: \_\_\_\_\_

College: Degree/Date: \_\_\_\_\_

Seminary: Degree/Date: \_\_\_\_\_

Grad Schl: Degree/Date: \_\_\_\_\_

Prior CPE Dates:	Center	Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Academic Reference**

(Name/Title): \_\_\_\_\_

Ph: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Denominational Reference (name/title): \_\_\_\_\_

Ph: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Personal Reference (name/relationship): \_\_\_\_\_

Ph: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Admissions Interviewer: \_\_\_\_\_

Address: \_\_\_\_\_

Interviewer's Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_