

Please respond to each of the following items. Your typed responses on separate pages would be appreciated.

1. Please complete the attached form and mail to Community Hospice & Palliative Care. Read instructions carefully before submitting. International applicants have additional requirements and deadlines. You may want to make a copy of a blank form before entering any data.
2. 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.
3. 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.
4. 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.
5. An account of a "helping incident" in which you were the person who provided the help. Include the nature and extent 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** Clinical Pastoral Education (CPE), please attach a copy of a **recent** verbatim as your 'helping incident' and add to the verbatim your own notes on how and what you learned from sharing this verbatim with your supervisor and/or peers. 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. If possible, include feedback from current pastoral colleagues and/or administrative supervisor.
6. Your impressions of Clinical Pastoral Education. Indicate, for example, what you believe or imagine CPE to be. Indicate if CPE is being required of you. 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. If you have had prior CPE, please indicate the most significant learning experience you had during CPE. 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. Indicate any personal and/or professional learning goals and issues that you have at this time and how you believe that CPE will help you to attain or address these learning goals and issues.
7. You are required to complete an admissions interview with an ACPE Certified Educator or a person approved by the center to which you are applying, or at the center to which you are applying. This will be set up once application, fee and three references have been returned. If you are accepted as a spiritual care intern in CPE, you will also need to apply online to be a Community Hospice & Palliative Care volunteer.
8. Submit a \$25 application fee payable to: Community Hospice & Palliative Care, memo: CPE app. If you interview at another center and wish for that center to send us the interview transcript in lieu of an interview, you will be required to pay the usual application fee of \$25 to Community Hospice & Palliative Care.
9. If you are an international applicant, you will have to obtain appropriate documentation from U.S. Immigration, which usually implies a visa and a U.S. 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___
10. An applicant with prior CPE should attach all previous self and supervisory evaluations and your signature below indicates you give permission for your previous CPE centers to release your evaluations for purposes of this application process.
11. Retain your own copy of this completed application and bring it with you to any interview for CPE.
12. Have you ever been convicted or pleaded *nolo* to a misdemeanor, a felony or other crime? Yes___ No___
13. Please attach a current résumé.

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 ACPE center to which I am applying 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 this application electronically, it constitutes my electronic signature. By signing this, I affirm that I have read the Annual Notice regarding Maintenance of Student Records and Privacy Notice.

Signature: _____ Date: _____

Mail application and \$25 application fee to:

Community Hospice & Palliative Care

4266 Sunbeam Road, Jacksonville, FL 32257

Email: rwilder@communityhospice.com

Phone: 904.407.6217

Fax: 904.407.8172

Applying for: Level 1 Fall/Winter Extended ____ Level 1 Summer Intensive ____ Earliest date you can begin: _____

Directory Information

Name: _____ U.S. Citizen: Yes No

Mailing Address: _____ City: _____ State: _____

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: _____

College: _____ Degree: _____ Date: _____

Seminary: _____ Degree: _____ Date: _____

Graduate School: _____ Degree: _____ Date: _____

Prior CPE Dates:	Center	Supervisor

Academic Reference(Name/Title): _____

Tel: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Denominational Reference (name/title): _____

Tel: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Personal Reference (name/relationship): _____

Tel: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

ACPE Interviewer (name/title): _____

Admissions Interviewer: _____

Address: _____

Interviewer's Tel: _____ Email: _____

Signature of Applicant: _____ **Date:** _____

**Annual Notice Regarding Maintenance
of Student Records and Privacy Notice**

This ACPE CPE center/program guarantees to its students the right to inspect and review education records, to seek to amend them, to specified control over release of record information, and to file a complaint against the program for alleged violations of these Family Education and Privacy Act (FERPA) rights.