



METHODIST HOSPITAL

CLINICAL PASTORAL EDUCATION PROGRAM

300 W. Huntington Drive • Arcadia, CA 91066-6016
Tel 626 574-3433 Fax 628 898-8019 Revbrenda@aol.com

Application for 20\_\_

- Winter Spring Summer Fall
Full-Time Extended (part-time)

Name

Address

Telephone Cell Phone

E-Mail Address

Faith Group/Conference

Ordination/Year

EDUCATION Identify Institution, Location, Degree and Year

College

Seminary/ Graduate Study

PREVIOUS CLINICAL PASTORAL EDUCATION

Attach all previous CPE Final Evaluations written by you and by your Supervisor(s).

Table with 3 columns: Dates, Center, Supervisor

REFERENCES

Denomination/Faith Group Representative

Address Telephone

Academic Reference

Address Telephone

Personal Reference

Address Telephone

Attach your responses to the following questions in essay form:

- A reasonably full account of your life. Include important events and relationships as they have influenced your personal growth and development. Describe your family of origin, current family relationships, and important and supportive social relationships.
- 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 influenced your spiritual growth and development.
- A description of your work (vocational) history. List positions/dates of employment and a brief statement about your current employment and work relationships.
- An account of a "helping incident." Include the nature and extent of the request, your assessment of the issue(s), problem(s), situation(s). 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 copy of a recent verbatim as your 'helping incident'*
- Your impressions of Clinical Pastoral Education. Indicate what you believe or imagine CPE to be. Indicate any learning goals or issues of which you are aware and would like to address in CPE. How might CPE help you meet needs generated by your ministry or call to ministry.

A non-refundable application fee of twenty-five dollars (\$25.00) is required. Please make your check or money order payable to the *Spiritual Care Department, Methodist Hospital*. For those who are unable to meet for an interview at the Methodist Hospital campus, an admissions interview may be conducted by a local ACPE Supervisor or other qualified person. Seminary Liaison professors and ACPE Regional Directors may recommend interviewers. An additional interview fee may be assessed by the off campus interviewer.

Admission is contingent upon the successful completion of a background investigation and Tuberculosis screening by our Occupational Health Department.

Essential functions Chaplain Interns include:

- being at the Hospital from 8:30 a.m. through 5 p.m. Monday through Friday for Full Time unit OR 20 hours per week, as assigned, for Extended Units.
- engaging in spiritual care that is respectful of persons of diverse faith traditions
- making pastoral visits, addressing and documenting spiritual needs in various clinical areas
- developing professional relationships with interdisciplinary staff on assigned units
- participating actively in individual supervision and group activities
- writing weekly process notes, papers and extensive self-evaluations during off-duty hours
- serving as the on-call chaplain which might include staying overnight at the Hospital

Methodist Hospital will make reasonable accommodations to the physical or mental limitations of a disabled applicant identified before acceptance into the program, unless accommodations would create an undue hardship on the operation of the Hospital. Are you able to perform the essential functions of the position for which you are applying? YES \_\_\_ NO \_\_\_

*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 have certified be false or misleading. I hereby give permission to the Methodist Hospital CPE Center 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 I am sending this application electronically it constitutes my electronic signature.*

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

Date \_\_\_\_\_