



**APPLICATION
FOR CLINICAL PASTORAL EDUCATION**

SECTION 1

GENERAL INFORMATION:

NAME: _____
Last First Middle

ADDRESS: _____
City State Zip

TELEPHONE: _____ CELL PHONE: _____

EMAIL: _____

DENOMINATION/FAITH GROUP
AFFILIATION: _____

Present Position: _____

Ordained/ Lay/ Other & Date: _____

EDUCATION:

College: _____ Degree: _____ Date: _____

College: _____ Degree: _____ Date: _____

Seminary/theological study: _____ Degree: _____ Date: _____

Graduate Study: _____ Degree: _____ Date: _____

PREVIOUS CLINICAL PASTORAL EDUCATION:

<u>Dates</u>	<u>Center</u>	<u>Supervisor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES AND ADDRESSES (3):

1. Denomination/Faith Group:
Name: _____
Title: _____
Address: _____
Phone: _____
2. Other Name: _____
Title: _____
Address: _____
Phone: _____

3. Other Name: _____
Title: _____
Address: _____
Phone: _____

INDICATE WHICH CPE PROGRAM YOU ARE APPLYING FOR:

_____ Full Time Residency _____ Summer Internship
_____ Extended Daytime Internship _____ Extended Evening Internship

SECTION 2

ATTACH TO APPLICATION:

1. A reasonably full account of your life, including important events, relationships with people who have been significant to you, and the impact these events and relationships have had on your development. Describe your family of origin, your current family relationships and educational growth dynamics.
2. A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief systems.
3. A description of the development of your work (vocation) history, including a chronological list of positions and dates.
4. An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the "problem," what you did, and a summary evaluation. If you have had previous CPE, include this information in "verbatim" form.
5. Your impression of Clinical Pastoral Education and your educational goals, including how you anticipate this training will be used to meet your goals for future ministry.
6. An application fee of \$25.00. Payable to UAMS Medical Center.

SECTION 3

THOSE WITH PREVIOUS CPE SHOULD COMPLETE THE FOLLOWING:

1. Copies of previous CPE evaluations written by you and your supervisor(s).
2. What was the most significant learning experience in previous CPE and how have you continued to work in this learning method? Illustrate your strengths and weaknesses as a professional person.
3. What are your personal and professional goals and how will continued training aid that process?

All units of Clinical Pastoral Education at the University of Arkansas For Medical Sciences will be conducted under the auspices of the College of Pastoral Supervision & Psychotherapy.

I understand that acceptance to the UAMS CPE program is contingent upon my passing a drug screening test and a criminal background check. (Prior criminal history does not automatically disqualify you from acceptance; each case will be individually evaluated by the UAMS Human Resources Department.)

SIGNATURE OF APPLICANT: _____

DATE: _____ **SOCIAL SECURITY NUMBER:** _____

*Mail completed application and attachments to:
George Hankins-Hull
Director of Pastoral Care & Clinical Pastoral Education
UAMS Medical Center
4301 W. Markham St. # 561
Little Rock, AR 72205-7199*