

CARE AND COUNSELING CENTER *of Georgia*

*A Samaritan Center uniting the former Georgia Association for Pastoral Care
and the Verdery Center of the Georgia Baptist Health Care System*

Institute for Chaplaincy & Clinical Pastoral Education

1814 Clairmont Road, Decatur, GA 30033

Phone: 404-636-1457, Fax: 404-636-7449

Please respond to each of the following items. Type your responses on separate pages.

1. Complete the attached form and mail to the ***Institute for Chaplaincy & Pastoral Care Education***. 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 religious vocational call, 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 recent 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 religious/spiritual 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 *Care and Counseling Center of Georgia*. Once your complete application is received, someone will contact you about an interview.

8. A non-refundable fee of \$50.00 is due with your application.

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 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.

10. An applicant with prior CPE should attach copies of all previous self and supervisory CPE evaluations. If you have had prior CPE and if you are giving this center permission to directly access previous CPE evaluations and supervisory personnel, please sign below; also sign the application form. If you are giving permission, please submit **two** original copies of this application, each containing your signature. The second original will be sent to your previous CPE center as written authorization of your consent to release information.

11. Retain a copy of this completed application and bring it with you to any interview for CPE.

I hereby give my consent to the Institute for Pastoral Care & Chaplaincy Education to access my CPE evaluations and supervisory personnel about matters pertaining to this current application.

I understand that submission of an application does not guarantee an interview, and that no reason will be given in case of the decline of an interview or admission to the program.

Signature: _____ **Date:** _____

CARE AND COUNSELING CENTER *of Georgia*

Institute for Chaplaincy & Clinical Pastoral Education

Application for Clinical Pastoral Education

Print or type responses; mail completed application to the *Care and Counseling Center of Georgia*.

Applying for: Fall ___ Winter ___ Spring ___ Summer ___ 12 month residency* ___ Extended Unit ___

Preferred program/site: _____ Earliest date you can begin: _____

*Note that residency programs usually require an in-person interview in the admissions process

Directory Information

Name: _____

Mailing address: _____ City: _____ ST: _____

ZIP: _____ Country: _____ 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 School: Degree/Date: _____

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

Academic Reference (Name/Title): _____

Address: _____

City: _____ ST: _____ ZIP: _____

Tel: _____ Email: _____

Denominational Reference (name/title): _____

Address: _____

City: _____ ST: _____ ZIP: _____

Tel: _____ Email: _____

Personal Reference (name/relationship): _____

Address: _____

City: _____ ST: _____ ZIP: _____

Tel: _____ Email: _____

Signature of applicant: _____

Date: _____

Mail completed application and attached materials (including the application fee) to:

Rev. Dorothea Lotze-Kola, Director of CPE
Institute for Chaplaincy and Pastoral Care Education
c/o Care and Counseling Center of Georgia
1814 Clairmont Road
Decatur, GA 30033