

APPLICATION FOR THE PASTORAL COUNSELING TRAINING PROGRAM CARE AND COUNSELING CENTER OF GEORGIA

(For all applicants not enrolled in the Th.D. Program)

Date of Application: _____

The Pastoral Counseling Training Program offers training for students enrolled in the Th.D. program of the Atlanta Theological Association, the D.Min. in Pastoral Counseling Program of Columbia Theological Seminary, as well as those preparing for the various levels of membership in AAPC and licensing as a professional counselor or marriage and family therapist.

This application is for all non-Th.D. students who wish to be in CCCG's training program. Those applying for the Th.D. in pastoral counseling do so through the ATA.

Directions:

- a. The application form is to be accompanied by a non-refundable application fee of \$25.00 payable to CCCG.
- b. Arrange for one official copy of transcripts of all previous college, graduate or professional school records to be sent directly to CCCG from the schools.
- c. Include your most recent CPE evaluation (if applicable).
- d. Prepare two copies of a personal statement (of not more than ten double-spaced typed pages) containing:
 1. a reflective account of your life with emphasis upon your professional life to date;
 2. your understanding of reasons why you are making application for further training;
 3. an account of special interests which you wish to develop;
 4. an account of your professional plans after completion of the program.
- e. All materials are to be sent to:
Calvin Kropp, Th.D., Director of Training
Care and Counseling Center of Georgia
1814 Clairmont Road
Decatur, GA 30033
- f. In addition to the above, a reference form (enclosed) is to be sent by you to three persons, one in each of the three categories listed below. They should fill out the reference sheet and return it directly to the CCCG office. The referees should be:

Personal Data

Your Name: _____ Phone: _____

Your Address: _____
Number and Street City State Zip

Soc. Sec. #: _____ Gender: _____ Place of Birth: _____

Country of Citizenship: _____ Emergency Contact: _____ Phone: _____

Address: _____ Relationship: _____

Specify any reasons why your health might interfere with your completion of the training program:

If you are a licensed professional, have you ever been accused of an ethical violation? (Please Circle): Yes No

Have you ever been convicted of a felony? (Please Circle): Yes No

References

1. Reference from a person in your profession:

Name: _____

Address: _____

2. One of your professors:

Name: _____

Address: _____

3. Someone of your own choice:

Name: _____

Address: _____

Educational History

What formal education have you undertaken since high school?

Name of Institution	Dates Enrolled	Major	Degree/Certification Earned
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you gain any special academic honors? Yes / No

List your Clinical Pastoral Education

Part-time or Full-time?

_____	_____
_____	_____
_____	_____

Work Experience

Vocational or professional experience, special projects, participation in organizations, or published books or articles that you consider important to your career (include any professional licenses you hold) Start with Present Position:

Title	Institution	How long in this position?
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Relation to the Church

Denomination: _____ When did you become a member?: _____

Present status in your denomination (ordained, licensed, etc.): _____

When was this achieved: _____

If admitted into the pastoral counseling training program, when would you plan to start: _____

Signature _____

Date: _____

**CARE AND COUNSELING CENTER OF GEORGIA
PASTORAL COUNSELING TRAINING PROGRAM**

REFERENCE SHEET

_____ is being considered for admission to the Pastoral Counseling Training Program.

We request your aid in judging the applicant's fitness for admission by supplying the information requested on this form. We urge you to be frank and to feel free to offer pertinent facts and judgments not covered by the questions. Exceed space limitations wherever you think necessary. We appreciate your assistance and will treat your reply confidentially.

INTRODUCTORY

1. How long, how well, and under what circumstances have you known the applicant?

2. Give any appropriate information which bears upon the applicant's suitability for admission.

RATING SHEET

	Excellent	Above Average	Average	Below Average	Poor	No opportunity to observe
Intellectual powers						
Breadth of general knowledge						
Ability as preacher and speaker						
Teaching ability						
Ability as counselor						
Ability as organizer						
Emotional stability						
Ability as a writer						
Ability to work as member of team						
Reaction to difficult situations						
Responsive-ness to feelings and needs of others						
Maturity of Christian experience						
Leadership (ability to inspire others and maintain their confidence)						

