Completing the ACPE Application

Who may apply?

This program is open to experienced persons of all religious/spiritual traditions interested in Jewish CPE with a focus on older adults and issues of aging. International applicants will participate on a tourist visa.

How to apply

Please see deadlines listed next to the unit for which you are applying. Applicants should read the Annual Notice, Admissions Policy, and Financial Policy before filling out the standard ACPE application.

Please follow the steps below to complete and submit your ACPE application with Hebrew SeniorLife.

1. Please fill in all of the information below by TYPING your answers directly on the application. The form will require certain fields, please make sure to provide complete and truthful answers.

2. Sign both pages using the digital signature feature, click on the signature line and follow the prompts.

3. Save a signed copy with your full name in the title of the document.

4. To submit your application, email CPE@hsl.harvard.edu with the following documents attached:

    – ACPE Application
    – Short Answers
    – Resume/Work History
    – (optional) Previous CPE Evaluations

    Please allow up to 2 business days for us to process and confirm receipt of your application. If you do not hear from us after 2 days follow up to make sure we received your materials.

5. Pay the $36 Application Fee though this Paypal Link

6. Schedule Interview (instructions to schedule your interview will be sent once the full application has been submitted and the application fee is paid).

Good luck and we look forward to hearing from you soon!

Rev. Mary Martha Thiel and Rabbi Beth Naditch

Questions? Email CPE@hsl.harvard.edu for help!

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 the Center to which you are applying. 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. <u>A reasonably full account of your life.</u> 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. <u>A description of your spiritual growth and development.</u> 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. <u>A description of your work (vocational) history.</u> Include a chronological list of jobs/positions/dates of employment and a brief statement about your current employment and work relationships.

5. <u>An account of a "helping incident" in which you were the person who provided the help.</u> 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** 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. <u>Your impressions of Clinical Pastoral Education.</u> 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 spiritual care practice 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. Contact the center to check on their policy regarding admission interviews.

8. CPE Centers often require an application fee. Please check this requirement in advance of submitting this application. If you are interviewing at a center other than the one to which you are applying, you may be required to pay an interview fee, usually due at the time of the interview.

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. 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. Please attach a current resume.

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 in this application electronically it constitutes my electronic signature.

Signature:_____**Date:** _____

CPE is not a trademark and variously accredited programs are advertised and offered. This application form has been approved and provided by the Association for Clinical Pastoral Education
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acpe@acpe.edu ∎ www.acpe.edu

Association for Clinical Pastoral Education

Application for Clinical Pastoral Education
Print or type responses and mail completed application to the Center or Cluster to which you are applying.

Applying for: Fall_____ Winter_____ Spring_____ Summer_____ 12 month residency*_____ Extended Unit_____

Preferred program/site:_____ Earliest date you can begin: _____
*Please note that residency programs usually require an in-person interview in their admissions process.

Directory Information

Name:_____ Preferred Pronouns:_____ U.S. Citizen: Yes No

Mailing address:_____ City:_____ ST: _____

Country & ZIP:_____ Email:_____

Day Tel.:_____ Alt Tel.:_____ Fax:_____

Permanent address:_____ City:_____ ST: _____

ZIP:_____ Country:_____ Alt Email:_____

Faith Group/Affiliation:_____

Denomination or Endorsing Body (if applicable):_____

Name of Local Faith Community:_____

Ordained/Licensed/Appointed:_____ Date:_____

College: Degree/Date:_____

Grad Schl: Degree(s)/Date(s):_____

._____

Prior CPE Dates:	Center	Educator
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Reference

(Name/Title):_____

Ph:_____ Address:_____

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

Faith Group Reference (name/title): _____

Ph:_____ Address:_____

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

Personal Reference (name/relationship): _____

Ph:_____ Address:_____

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

Admissions Interviewer:_____

Address:_____

Interviewer's Ph:_____ Email:_____

Signature of applicant:_____ **Date:** _____