



# Application for Clinical Pastoral Education

Applying for:

- 30 Week Extended Internship (August – early April, 15 hours/week)
- Summer Internship (late May – early Aug., full time, 12 weeks)
- 12 Month Residency (Sept. – Sept., full time)
- Supervisory Residency (2 – 3 years, full time)

Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 U.S. Citizen:  
 Yes  
 No  
 Email: \_\_\_\_\_  
 Day Telephone: \_\_\_\_\_  
 Alternative Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Country & Zip: \_\_\_\_\_  
 Permanent address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Country & Zip: \_\_\_\_\_

Denomination/Faith Group Affiliation: \_\_\_\_\_  
 Jurisdiction/District/Diocese/Conference/Assoc: \_\_\_\_\_  
 Jurisdictional Authority (name/title): \_\_\_\_\_  
 Local Church & Ministry Position: \_\_\_\_\_  
 Ordained/Licensed/Appointed/Date: \_\_\_\_\_  
 College: Name/Degree/Date: \_\_\_\_\_  
 Seminary: Institution/Degree/Date: \_\_\_\_\_

Prior CPE Dates:	Center:	Supervisor:

*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 Saint Luke's Health System 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: \_\_\_\_\_

Email or mail completed application to:  
 Marc Giedinghagen | Director of Pastoral Education | Saint Luke's Hospital  
 4401 Wornall Road, Kansas City, MO 64111 | [cpe@saint-lukes.org](mailto:cpe@saint-lukes.org)



## References

The applicant is responsible for supplying references listed below a Saint Luke's reference form, found on the Saint Luke's website at [www.saintlukeskc.org/clinical-pastoral-education-program-application](http://www.saintlukeskc.org/clinical-pastoral-education-program-application).

References are then to mail or email completed reference form directly to:

Marc Giedinghagen | Director of Pastoral Education | Saint Luke's Hospital  
4401 Wornall Road, Kansas City, MO 64111 | [cpe@saint-lukes.org](mailto:cpe@saint-lukes.org)

**Academic Reference (name/title):** \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Denominational Reference (name/title):** \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Personal Reference (name/title):** \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

*All CPE at Saint Luke's Hospital and its affiliates is conducted under the standards of:*

**The Association for Clinical Pastoral Education, Inc.**

55 Ivan Allen Jr. Blvd., Suite 835, Atlanta, GA 30308

Phone: 404-320-1472 | Fax: 404-320-0849 | [acpe@acpe.edu](mailto:acpe@acpe.edu) | [www.acpe.edu](http://www.acpe.edu)

## Additional materials and instructions

- a. If offered, you will be required to complete an admissions interview with an ACPE supervisor at Saint Luke's. If not available to interview in person, a proxy interview with another ACPE, Inc. center, and/or a Skype interview will be arranged.
- b. A \$25 application fee should be included in your application, made to "SLHS CPE Fund."
- c. If you have previous CPE training, include with your application all previous self and supervisory evaluations.
- d. Are you an international applicant ?
  - Yes
  - No
  - a. If you answered "Yes," you must obtain appropriate documentation from U.S. Immigration before the start of your CPE program, which often implies a visa and a U.S. 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
- e. Have you ever been convicted or *pled nolo* to a misdemeanor, a felony, or other crime?
  - Yes
  - No
- f. Retain your own copy of this completed application and bring it with you to your interview, if offered.
- g. Include this form, along with a completed personal information form, in your application materials.
- h. I understand that effective August 1, 2011, Saint Luke's Health System no longer hires individuals or admits volunteers, students or non-paid interns who use tobacco products. By submitting this Application for Admission (volunteer or employment), I represent and agree (1) I do not currently use any tobacco product (including eCigarettes, nicotine products (patch, gum) and vaping pens that contain nicotine), and (2) if offered employment or a volunteer, student or intern position by the System, I will not during that employment or volunteer agreement (including the timeframe from conditional offer to actual hire) use any tobacco product. I understand that use of a tobacco product of any kind during employment or volunteer agreement with the System is grounds for immediate termination of employment or volunteer position. I also understand that I will be tested for nicotine during my post offer/pre-hire health assessment.

Yes

No

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## Essay Questions

Please respond in type to each of the following items in essay form on separate pages.

1. **A full account of your life.** Include, for example, significant and important people and events, reflecting how they have impacted, or continue to impact, your personal growth and development. Describe your family of origin, current family relationships, and important supportive relationships. In your reflections, include interpretive accounts of the events and people. What meaning have you made of these events and relationships? How have they shaped your life? This narrative question is very important to us. We want to get to know you as a person.
2. **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 impacted, or continue to impact your spiritual growth and development.
3. **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. Please include a current resume if applicable.
4. **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 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.
5. **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.
6. **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. Signed copy or copies of **previous CPE** unit self-evaluation(s) and your supervisor’s evaluation(s), if applicant has prior CPE credit.
8. Please enclose a very clear photo or scanned copy of your Master’s Degree diploma or transcript.