



Clinical Pastoral Education/Training Application

The College of Pastoral Supervision and Psychotherapy
The Highest Standard In Clinical Chaplaincy and Clinical Pastoral Training

Candidate's Full Name:			
Mailing Address:			
City	State/Prov:	Zip/Mail Code	Country
Telephone (Cell):			Other Phone:
Email:			LinkedIn profile (if applicable)
Denomination/Faith Group	Ordained?	Licensed?	Commissioned?
College		Degree	Date
College Two		Degree	Date
Graduate School		Degree	Date
Graduate School Two		Degree	Date
Community, Religious Awards/Accomplishments (Pick up to 3)			Date
Prior CPE Dates	Center	Supervisor	

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Please address the following questions (you can also submit by pdf or word):

Autobiographical Reflection: Provide a reflective autobiographical account of your life, giving attention to pivotal life events and relationships that have shaped who you are as a person. Please be specific and personal.

Helping Incident: Describe a situation where you provided help to someone(s) facing a difficult life situation. Please supply a reflective critique of your intervention. Applicants who have previous CPE training, please send a previous clinical case.

Describe an interpersonal incident when you were clearly in the wrong. Describe the incident and your response. Would you respond differently now?

CPE/CPT Training: What is your understanding of Clinical Pastoral Education/Training? What do you hope to gain from CPE/CPT personally/professionally?

Please attach a Curriculum Vitae documenting your education, training and work experiences.