



Association for Clinical Pastoral Education  
Application & Instructions for Clinical Pastoral Education at  
**St. Thomas/Nashville CPE Partnership**  
4220 Harding Pike, Nashville, TN 37205

CPE Manager: Ed George Phone: 615.222.3774 Email: [Edward.Georgejr@ascension.org](mailto:Edward.Georgejr@ascension.org)  
Administrative Assistant: Susan Fussell Phone: 615.222.6602 Email: [sfussell@ascension.org](mailto:sfussell@ascension.org)

**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 or email to the *St. Thomas/Nashville CPE Partnership Center*. Read instructions carefully before submitting. International applicants have additional requirements and deadlines.
2. 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\_\_\_
3. 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.
4. 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.
5. A current resume' with 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.
6. 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.*
7. 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*
8. You are required to complete an admissions interview with an ACPE Certified Educator and a committee of persons approved by the center.
9. Application fee: \$35.00 check or money order made payable to "Saint Thomas Foundation," marked "CPE Application fee."
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. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime? Yes\_\_\_ No\_\_\_
12. After reviewing our different clinical sites, please list the top three locations in which you would like to fulfill your clinical hours and describe why you believe those clinical sites would be most helpful. In addition, list any clinical site in which you prefer not to be placed and explain why. **Please note:** It is impossible for the Partnership to guarantee any particular site placement prior to final acceptance. The Partnership will make every effort to take your preferences into consideration; however, if you are accepted into this program, you may be placed at any of our clinical sites.

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: \_\_\_\_\_



### Application for Clinical Pastoral Education

Print or type responses and mail or email completed application to the *St. Thomas/Nashville CPE Partnership*

- Residency (full-time, one year Sept-August) Year: 20 \_\_\_\_\_
- Extended Unit (part-time August-February) Year: 20 \_\_\_\_\_
- Summer Internship (June-August) Year: 20 \_\_\_\_\_

- Registering for Academic Credit at: \_\_\_\_\_
- Earliest Date I Can Start: \_\_\_\_\_
- Would prefer to start: \_\_\_\_\_

#### Directory Information

Name: \_\_\_\_\_ Preferred pronoun: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_ No \_\_\_

If you are an international applicant, you will have to obtain appropriate documentation from U.S. Immigration.

If offered employment, can you submit verification of your legal right to work in the U.S.? Yes \_\_\_ No \_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Country & ZIP: \_\_\_\_\_ 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):** \_\_\_\_\_

Ph.: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

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

Ph.: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

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

Ph.: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please retain your own copy of this completed application and bring it with you to any interview for CPE.**

**Mail application and the items listed above to: *St. Thomas/Nashville CPE Partnership***

**C/o CPE Manager: Edward D. George, Jr. at Saint Thomas West Hospital**

4220 Harding Road, Nashville, TN 37205

Email: [Edward.Georgejr@ascension.org](mailto:Edward.Georgejr@ascension.org)