

# Eastern Health – Clinical Pastoral Education

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[www.cappe.org](http://www.cappe.org)

## Application for CPE for Healthcare Professionals Fall-Winter 2011-2012

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Institution

Street Address \_\_\_\_\_ Building \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ ( ) \_\_\_\_\_ Phone \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ ( ) \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Denomination/Faith Group/Affiliation: \_\_\_\_\_

Present Position: \_\_\_\_\_ Ordained? \_\_\_\_\_ Date: \_\_\_\_\_

### EDUCATION:

College \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate Study: \_\_\_\_\_ Degree: \_\_\_\_\_

### PREVIOUS CLINICAL PASTORAL EDUCATION:

<u>Dates</u>	<u>Center</u>	<u>Supervisor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### REFERENCES AND ADDRESSES:

Denomination/Faith Group (name/title): \_\_\_\_\_  
\_\_\_\_\_

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

Other (name/title): \_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:**

These essays will be reviewed by the CPE Supervisor and a selection committee from the Bereavement Networking Committee.

- 1) A reasonably full account of your life: Including events, especially losses, relationships with people who have been significant to you, and the impact these events and relationships have had on your personal growth and development. Describe your family of origin, current family relationships, and important and supportive social relationships.
- 2) A description of your spiritual life: Including any faith heritage you were born into, events and significant relationships that affected your spirituality and currently inform your belief system, your spiritual growth and development.
- 3) A description of your work (vocational) history: Including a chronological list of positions and dates, as well as a brief statement about your current position and work relationships.
- 4) An account of an incident in which you were called to help someone: Including the nature and extent of the request, your assessment of the issue(s) and problem(s). Describe how you came to be involved, what you did, and a summary evaluation. If you have had prior and recent CPE, please attach a copy of a verbatim as your helping incident and add your own notes on how and what you learned from sharing this verbatim with others.
- 5) Your impression of Clinical Pastoral Education: Indicate, for example, what you believe or imagine CPE to be. Indicate your personal and professional educational goals 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 professional life.

**THOSE WITH PREVIOUS CPE EXPERIENCE SHOULD INCLUDE THE FOLLOWING**

- 6) Copies of all previous self and supervisory CPE evaluations. Also, if you are giving this center permission to directly access previous CPE evaluations and supervisory personnel, please include a corresponding statement with your signature in this application.
- 7) What was the most significant learning experience in previous CPE, and how have you continued to work in this learning method? Illustrate your strengths and weaknesses as a professional person and giver of spiritual care.

**If Eastern Health employee, Name of Manager:** \_\_\_\_\_

**Contact information for Manager:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Submit this application and application fee by **August 15<sup>th</sup>, 2011** to:

Eastern Health  
L.A. Miller Centre  
100 Forest Rd.  
St. John's, NL, A1A1E6  
Attn: Rev. Dr. Peter Barnes, Coordinator of Bereavement Services, (709)777-2167,  
(Room 361)