



**The University of Vermont Medical Center- Burlington VT
APPLICATION FOR CLINICAL PASTORAL EDUCATION***

* Accredited by: The Association for Clinical Pastoral Education, Inc., One West Court Square Suite 325 Decatur, GA 30030
Phone: 404/320-1472 Fax: 404/320-0849
Email: acpe@acpe.edu Website: www.acpe.edu

APPLICATION FOR:

Extended Summer Earliest date able to begin _____

CURRENT CPE STATUS:

Prospective CPE Student
 Previous CPE Student with (# of) units Level I _____ Level II _____

PERSONAL INFORMATION:

Name _____

Present Mailing

Address _____

Street Address	Apartment Number ()
City	Phone
State	Zip Code

Permanent Mailing Address _____

Street Address	Apartment Number ()
City	Phone
Zip Code	

Email Address: _____

Denomination / Faith Group Affiliation _____

Association, conference, Diocese, Presbytery, Synod _____

Present Position _____ Ordained? _____ Date _____

EDUCATION

College _____

Name	Location	Degree
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Seminary _____

Name	Location	Degree
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Graduate _____

Name	Location	Degree
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PREVIOUS CLINICAL PASTORAL EDUCATION

Date	Center	Location	CPE Educator
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Dates	Center	Location	CPE Educator
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Dates	Center	Location	CPE Educator
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Dates	Center	Location	CPE Educator
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ATTACH TO THE APPLICATION THE FOLLOWING INFORMATION

1. Attach a list of 3 references including name, address and phone number. Submit one reference from each of the following sources: **1) Denomination / Faith Group; 2) Academic; 3) Other.** Provide them with the UVM Medical Center CPE recommendation form (cf website)

I give Rev. Crabb permission to contact these persons, if necessary for further clarification.
YES ___ NO___ Signature:_____ date_____

2. Submit a reasonably full account of your life, including important events, relationships with people who have been significant to you and the impact these events and relationships have had on your development. Describe your family of origin, your current family relationships and your educational growth dynamics.

3. Submit a description of your religious life, including events and relationships that affected your faith and currently inform your belief system.

4. Submit a description of the development of your work (vocation) history, including a chronological list of positions and dates.

5. Submit an account of an incident in which you were called to help someone, including the nature of the request, your assessment of the "problem," what you did, and a summary evaluation. If you have had a previous unit of CPE, include this information in verbatim form.

6. Give your impression of Clinical Pastoral Education and describe your educational goals, including how this training will be used to meet your goals for doing ministry.

7. An admissions interview by an ACPE CPE Educator or another qualified person is required for each applicant. We prefer a meeting with University of Vermont Medical Center ACPE CPE Educator if at all possible. In special circumstances, an ACPE CPE Educator, Seminary Liaison Professor, or Regional Director may recommend interviewer. In such instances, include the following information.

Application interview conducted by _____
_____()_____
Address City State Zip Code Phone

THOSE WITH PREVIOUS CPE SHOULD SUBMIT THE FOLLOWING INFORMATION

- 8. Submit copies of previous CPE evaluations written by you and your supervisor.
- 9. Describe the most significant learning experience in previous CPE and how have you continued to work in this learning method? Illustrate your strengths and weakness as a professional person.
- 10. What are your personal and professional goals and how will continued training aid that process?
CPE Educator

Signature of the Applicant _____
Date _____ Social Security Number (last 4#s) _____ DOB: _____
I understand that a background check will be done as part of the application process and successful completion is contingent on full acceptance into the program.

Send completed application directly to:
Rev. John T. Crabb, SJ
Director Clinical Pastoral Education
The University of Vermont Medical Center
Spiritual Care Department (145BA1)
111 Colchester Avenue
Burlington VT 05401
CPE Director 802- 847-5026
[**Jack.crabb@uvmhealth.org**](mailto:Jack.crabb@uvmhealth.org)