

# The College of Pastoral Supervision & Psychotherapy, Inc.

P.O. Box 162 \* Times Square Station \* New York, NY 10108 \* Phone: 1-800-277-7521

## Application for Clinical Pastoral Education

Unit Desired				
Unit: (Check one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Summer	Fall	Spring	Residency

Applicant Information	
Name:	SS No:
Address:	Home phone:
	Other phone:
E-mail address:	

Denomination/Faith Group Information	
Name of Religious Body:	Conference, Presbytery, Diocese, Association, Synod, etc.
Ordained?	Date of ordination:

Education	Degree
College:	
Seminary:	
Graduate Study:	

Previous Clinical Pastoral Education		
Dates	Center	Supervisor

## References and Addresses

Denomination/Faith Group:

Academic:

Other:

### **Attach to Application:**

1. Three “stories” (one-half to one page each) of important events/people/memories in your life. These may be anything of significance, but pay special attention to those which triggered life-change for you.
2. A religious autobiography (two to three pages). Include information about faith group/denominational activities of each parent prior to your birth, as well as an account of your own religious pilgrimage. If you have held leadership positions of any kind in your religious group, describe each one.
3. An account of a time when you helped someone else (one-half to one page). Be specific about the need as you understood it, and about how you provided help.
4. A statement about why you want Clinical Pastoral Education. If you have specific ideas about what you would like to learn, include them.
5. **If you have had previous Clinical Pastoral Education**, please include copies of evaluations written by you and by your supervisor(s).

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Signature

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Date