

# INSTITUTE FOR SPIRITUAL HEALTH AND WELLNESS



1030 Fayetteville Road SE, Atlanta, Georgia 30316

Phone: 404-817-6207 Fax: 404-564-4705 Email: [cpe@chris180.org](mailto:cpe@chris180.org)

Please respond to each of the following items. Type your responses on separate pages, single-spaced, single-sided only; approximately 10 pages for items 2-7. **Do not staple** your application.

1. Complete the attached form and mail to the ***Institute for Spiritual Health and Wellness at CHRIS 180***. Read instructions carefully before submitting. International applicants have additional requirements and deadlines. You may want to make a copy of a blank form before entering any data.
2. 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.
3. 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 religious vocational call, religious experiences, and significant persons and events that have impacted, or continue to impact, your spiritual growth and development.
4. A 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.
5. 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 religious/spiritual colleagues and/or administrative supervisor.***
6. 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.***
7. Preference in site placement. If you indicated a site placement preference, please write about this preference. Elaborate on the factors important in how you came to that preference. (This answer may

be used in determining your interviewing process and team of interviewers, so please include all factors important in your decision preference).

8. An applicant with prior CPE should submit copies of **ALL previous self final evaluations and ALL previous supervisory final evaluations**. If you are in the midst of your first unit and are applying for a residency you must include copies of your self mid-unit evaluation and your supervisory mid-unit evaluation. **Please remove all staples**. (If you did not receive a written supervisory mid-unit evaluation, please contact us to fill out a verbal evaluation release form.)
9. **A non-refundable fee of \$60.00 is due with your application**. CHRIS 180 accepts cash, personal checks, money orders and credit/debit card payments. Please make checks payable to: CHRIS 180 (in the "memo" line please note "CPE Application Fee"). For credit/debit card payments call 404-817-6207. **DO NOT staple your check or money order to your application materials**.
10. 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. **Do not staple these documents**. If offered employment, can you submit verification of your legal right to work in the U.S.? Yes \_\_\_ No \_\_\_
11. If you are selected for an admissions interview with the *Institute for Spiritual Health and Wellness* someone will contact you. Not all applicants are selected for interviews.
12. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime?  
Yes \_\_\_ No \_\_\_
13. All completed applications will be reviewed by the *Institute for Spiritual Health and Wellness* in order to conduct an evaluation of the applicant's qualifications. Only qualified applicants will be invited to complete an admissions interview as part of the application process. Send complete applications (**without any staples**) to **Institute for Spiritual Health and Wellness; ATTN: CPE Administrator; CHRIS 180; 1030 Fayetteville Road, SE; Atlanta, Georgia 30316**.

CHRIS 180 does not discriminate against any qualified individual in an admissions decision for reasons of race, color, national origin, gender, age, physical disability, sexual orientation, or faith group. \_\_\_\_\_

I understand that neither my submission of this application, nor any subsequent invitation for an interview by a representative of CHRIS 180, constitutes an offer of enrollment in any of the CHRIS 180 Clinical Pastoral Education Programs.

In the event that my application to a Clinical Pastoral Education program is denied, I understand that CHRIS 180 is not obligated to provide me with a reason for its denial.

I hereby give my consent to the Institute for Spiritual Health and Wellness to access my CPE evaluations, supervisory personnel, and references about matters pertaining to this current application.

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

**Please note: It is not acceptable to sign your application electronically. We must receive your signature page via snail mail, fax, or as a scanned document via email.**

# INSTITUTE FOR SPIRITUAL HEALTH AND WELLNESS



Changing Directions.  
Changing Lives.

## Application for Clinical Pastoral Education

Applying for: Fall\_\_\_ Spring\_\_\_ Summer\_\_\_ Extended Unit\_\_\_ 12 month residency\_\_\_

Preferred Placement: Please write 1 by your 1<sup>st</sup> site preference and 2 by your 2<sup>nd</sup> site preference

\_\_\_\_\_ Northside-ATLANTA

\_\_\_\_\_ Northside-GWINNETT

Check if you are open to consideration by other sites

Check if you have no site preference

Earliest date you can begin: \_\_\_\_\_

### Directory Information

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Cell.: \_\_\_\_\_ Home Tel.: \_\_\_\_\_ Alt Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

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

\_\_\_\_\_

Jurisdiction/District/Diocese/Conference/Assoc: \_\_\_\_\_

\_\_\_\_\_

Jurisdictional Authority (name/title): \_\_\_\_\_

Local Church & Ministry Position if applicable: \_\_\_\_\_

\_\_\_\_\_

Ordained/Licensed/Appointed: \_\_\_\_\_ Date: \_\_\_\_\_

College: Degree/Date: \_\_\_\_\_

Seminary: Degree/Date: \_\_\_\_\_

Grad School: Degree/Date: \_\_\_\_\_

*\* While we will try to match you with your site preference, there is no guarantee of placement at your preferred site.*

Prior CPE: Dates

Center

Supervisor

_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Reference (Name/Title): \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Denominational Reference (Name/Title): \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Professional Reference (A person who can speak to your readiness to take CPE)

(Name/Relationship): \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**In signing this application I give the CHRIS 180 CPE Program permission to call my references, my judicatory, and prior CPE supervisors to verify my qualifications.**

**Print Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

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

**Mail or email completed application and attached materials (including the application fee) to:**

**Institute for Spiritual Health and Wellness**

**ATTN: CPE Administrator**

**CHRIS 180**

**1030 Fayetteville Road SE**

**Atlanta, Georgia 30316**

**Phone: 404-817-6207 Fax: 404-564-4705 Email: [cpe@chris180.org](mailto:cpe@chris180.org)**

## CPE Application Checklist

- My application is completely staple-free (including my evaluations and my payment) and my entire application is single-sided.
- I have included a copy of *every* final self-evaluation and a signed copy of *every* final supervisor-evaluation from *every* unit of CPE I have completed. If not applicable, write N/A.
- I have included my check or money order for the \$60 non-refundable application fee or I have made the payment in person or over the phone.
- I have indicated the unit for which I am applying and have ranked placement options and described why I choose these placements.
- My email address is legible, current and I check it regularly.
- I have signed my application form with my handwritten signature, as well as the application agreement page.