CPSP
College of Pastoral Supervision and Psychotherapy

Clinical Pastoral Education/Training
Application Form

This application is to be sent to the CPSP CPE training center that you are applying to by email or postal mail.
To complete this form electronically: Go to "File" and select "Save As". Save the form to your computer. Complete the form and click "Save" again before closing it. It may be emailed as an attachment to the recipient(s).

Candidate's Full Name:			
Mailing Address:			
City:	**State/Prov:**	**ZIP/MAIL CODE:**	**COUNTRY:**
Telephone Number – Home:	**Telephone Number – Cell:**		
Email Address:	**Denomination/Faith Group:**		
Jurisdiction/District/Diocese/Conference/Assoc:			
Ordained/Licensed/Appointed:			
College: Degree/Date:			
Seminary: Degree/Date:			
Grad Schl: Degree/Date:			

Prior CPE Dates:	**Center:**	**Supervisor:**

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Please address the following questions:

1) Autobiographical Reflection: Provide a reflective autobiographical account of your life giving attention to pivotal life events and relationships that have shaped who you are as person. Please be specific and personal.
2) Helping Incident: Describe a situation where you provided help to someone(s) facing a difficult life situation. Please supply a reflective critique of your intervention. Applicants who have been in CPE training will address this question by providing a Clinical Case.
3) CPE/CPT Training: What's your understanding of Clinical Pastoral Education/Training and what do you hope to gain for your personal/professional development?
4) Curriculum Vitae: Please provide a brief Curriculum Vitae that documents your education, training and work experiences.

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