



# Clinical Pastoral Education Application

**DUKE UNIVERSITY HOSPITAL  
DEPARTMENT OF PASTORAL SERVICES  
P.O. Box 3112  
Durham, North Carolina 27710  
(919) 684-3586**

*CPE Programs Accredited by The Association for Clinical Pastoral Education, Inc.  
One West Court Square, Suite 325  
Decatur, Georgia 30030  
(404) 320-1472  
www.acpe.edu*

I. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Tel. (H): \_\_\_\_\_  
\_\_\_\_\_  
City State Zip (O): \_\_\_\_\_  
E-mail: \_\_\_\_\_ (C): \_\_\_\_\_

II. Program of CPE for which you are applying:

**1. Duke University Hospital**

\_\_\_\_\_ Full-Time CPE Residency May, 20 \_\_\_\_\_ to May, 20 \_\_\_\_\_  
\_\_\_\_\_ Full-Time CPE Summer Internship 20 \_\_\_\_\_  
\_\_\_\_\_ Extended CPE Spring Internship 20 \_\_\_\_\_  
\_\_\_\_\_ Extended CPE Fall Internship 20 \_\_\_\_\_  
\_\_\_\_\_ Parish-Based CPE August, 20 \_\_\_\_\_ to May, 20 \_\_\_\_\_

**2. Duke Raleigh Hospital**

\_\_\_\_\_ Full-Time CPE Summer Internship 20 \_\_\_\_\_  
\_\_\_\_\_ Extended CPE Spring Internship 20 \_\_\_\_\_  
\_\_\_\_\_ Extended CPE Fall Internship 20 \_\_\_\_\_

3. Are you applying to other CPE centers? \_\_\_\_\_ Yes \_\_\_\_\_ No

III. Enrollment:

1. Requesting academic credit? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Requesting field education credit? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Through which institution are you making academic credit request? \_\_\_\_\_

IV. Ecclesiastical and Educational Information:

1. Religious Affiliation or Denomination: \_\_\_\_\_

Ordained? \_\_\_\_\_ Date \_\_\_\_\_

2. Association, Conference, Diocese, Presbytery, Synod \_\_\_\_\_  
\_\_\_\_\_

3. If you are a pastor of a local church, are ecclesiastical officials aware of your plans to engage in CPE training? \_\_\_\_\_

4. Is CPE required or recommended by your denomination or seminary for graduation or ordination? Explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Education (*Graduation from an accredited college required for intern; Master of Divinity for resident*):

a. College \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

b. Seminary \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

c. Graduate Work \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

6. Previous CPE or supervised counseling experience:

*Attach additional paper, if necessary.*

Institution	Supervisor	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Work experience (*Pastoral experience for Supervisory CPE required*):

*Attach additional paper, if necessary.*

Location	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Written information to be attached:

1. Write an autobiographical essay (3-5) pages, single-spaced, typed which includes the following:
  - a. A description of the family in which you grew up;
  - b. A description of your current family;
  - c. A description of significant religious experiences in your life, with special reference to the circumstances surrounding your decision for a full-time church vocation;
  - d. A description of any social or cultural influences upon you which have been significant in your life;
  - e. A description of your current goal in life, both professionally and personally;
  - f. Discussion of the kind of experiences which are most likely to make you anxious or uncomfortable and your characteristics ways of responding to such experiences;
  - g. Explanation of recent circumstances which have encouraged you to apply for this education and training;
  - h. Your understanding or expectations of CPE and what you wish to happen in this learning experience.
  - i. List your strengths and weaknesses, as you understand them at this time for entering a CPE program.
2. If you have had previous CPE, include copies of both your Final Evaluation(s) and those of your supervisor(s). If you have had an Admission's Screening Interview for CPE, include a copy of the report.
3. Describe an incident in which you attempted to make a pastoral response to a family or a person experiencing a crisis.

For Resident applicants, submit a recent, within two years, verbatim of a pastoral encounter from the healthcare ministry context.
4. Residency in Palliative Care (Residency Applicants Only): Please indicate your level of interest in this specialty and your strengths and challenges for this clinical assignment.
5. Indicate if you have ever sought counseling or psychotherapy. Using your own discretion, describe what this experience meant to you.
6. Indicate how you plan to finance your CPE training.
7. 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. If offered employment, can you submit verification of your legal right to work in the U.S.?  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime?  
Yes \_\_\_\_\_ No \_\_\_\_\_

VI. References:

Please select two references, one from your faith group and the other from an academic context. The faith group reference can be from your pastor, rabbi, bishop or a clergy person who has known you in the pastoral role. The academic reference should be from a professor or advisor who has known you as a college or seminary student.

Please send the recommendation form to each reference. They should complete and return to you in a signed and sealed envelope

VII. Submit Application:

Mail:

- Completed application form and written information
- Two reference completed reference forms in envelopes
- \$30.00 application fee; cash or check made payable to Duke Pastoral Services:  
*No money orders, please.*

To:

Rev. Peggy Davis Gold  
CPE Coordinator  
Duke University Hospital  
Pastoral Services Department  
P.O. Box 3112  
Durham, NC 27710  
Tel: (919) 684-3505  
Email: [peggy.gold@duke.edu](mailto:peggy.gold@duke.edu)

I certify that all information in this application is factually true, complete, and honestly presented. I understand that I may be subject to disciplinary action, including admission revocation or program expulsion, should the information I've certified be false. I hereby give permission to the ACPE center to which I am applying to access my CPE evaluations and contact previous supervisory personnel about matters pertaining to this current application, and I consent for those contacted to provide the information sought.

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

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



