



MASSACHUSETTS GENERAL HOSPITAL

Clinical Pastoral Education

APPLICATION FOR CPE

Please circle the program you are applying for: Residency / Summer Intensive / Extended

PERSONAL INFORMATION

Name _____ Email Address _____

Work Address _____
Institution _____

Street Address _____ Building _____

City _____ State, Zip Code _____ (_____) Phone _____

Home Address: _____
Street Address _____ Apartment # _____

City _____ State, Zip Code _____ (_____) Phone _____

Date of Birth: _____ Social Security Number (last four digits) _____

Denomination/Faith Group/Affiliation: _____

Present Position: _____ Ordained _____ Date: _____

EDUCATION

College _____ Degree _____ Year _____

Seminary _____ Degree _____ Year _____

Graduate Study _____ Degree _____ Year _____

PREVIOUS CLINICAL PASTORAL EDUCATION

Dates _____ Center _____ Educator _____

REFERENCES AND ADDRESSES

1. Name _____ Email _____

Phone _____ Address _____

City: _____ State: _____ Zip Code _____

2. Name _____ Email _____

Phone _____ Address _____

City _____ State _____ Zip Code _____

3. Name _____ Email _____

Phone _____ Address _____

City _____ State: _____ Zip Code _____

PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:

These essays may be reviewed by the CPE Educators and members of the MGH Professional Advisory Committee.

- 1) A reasonably full account of your life: Including events, relationships with people who have been significant to you, and the impact these events and relationships have had on your personal growth and development. Describe your family of origin, current family relationships, and important and supportive social relationships.
- 2) A description of your spiritual life: Including the faith heritage you were born into, events and significant relationships that affected your spirituality and currently inform your belief system, your spiritual growth and development.
- 3) A description of your work (vocational) history: Including a chronological list of positions and dates, as well as a brief statement about your current position and work relationships.
- 4) An account of an incident in which you were called to help someone: Including the nature and extent of the request, your assessment of the issue(s) and problem(s). Describe how you came to be involved, what you did, and a summary evaluation. If you have had prior and recent CPE, please attach a copy of a verbatim as your helping incident and add your own notes on how and what you learned from sharing this verbatim with others.
- 5) An account of an incident in which you called someone to help you, including the nature of the request and your assessment of the other person's intervention with you.
- 6) Copies of all previous self and supervisory CPE evaluations.
- 7) What was the most significant learning experience in previous CPE, and how have you continued to work in this learning method? Illustrate your strengths and weaknesses as a professional person and giver of spiritual care?
- 8) Write a 2-3 page paper on your theology of pastoral care.
- 9) Application fee of \$75 made out to MGH CPE.

Signature of Applicant _____

Date _____

Submit this application to:

Massachusetts General Hospital Spiritual Care Department
55 Fruit Street, Founders 624
Boston, MA 02114
Attn: ACPE Educators
Email: mghspiritualcare@mgh.harvard.edu

This program is accredited by the Association of Clinical Pastoral Education, Inc.
ACPE, 55 Ivan Allen Jr. Boulevard, Suite 835, Atlanta, GA 30308
Phone: 404-320-1472. Website: www.acpe.edu