

Application for:					
Part-Time, In-Person Programs:					
<u>Metro Orlando</u>	Brevard County/HealthFirst				
Fall (August – December)	Fall (August-December)	Fall (August-December)			
Bi-Lingual (Spanish/English)					
Spring (January – May) Bi-Lingual (Spanish/English)	Spring (January-May)	Spring (January-May)			
Part-Time Mixed Mode Programs (online classes with in-person clinical c	urriculum at affiliated AdventHealth H	Hospital campus)			
Fall (August – December) Spring (January – May)					
Summer Intensive Program:	_Metro Orlando (June-August)				
CPE Residency Metro Orlando (Orange, Seminole, Lake, Osceola Counties) Volusia and Flagler Counties					
Personal Information (please print legibly)					
Name:					
Date of Birth: Place of Birth (Country/State/City):					
Visa Status (if applicable)	Primary Language:				
Other Languages Spoken:					
Mailing Address:					
Telephone: (Primary) (Secondary)					
Preferred Personal E-mail Address:					
Faith Group Affiliation/Denomination:					
Ordained Yes (Date) No	Commissioned/Licensed _	Yes (Date) No			
Education					
College:		Degree Achieved:			
Address:					
CPE Application, Level 1 and Level 2 www.pastoraleducation.org		1 of 3			

-			
Sem	inary	1	•
JUII	mar	y.	٠

Degree Achieved:

Address: _____

Previous CPE Experience

Date	<u>Center</u>	Supervisor	Accredited by
			ACPECPSPOther
			ACPECPSPOther
			ACPECPSPOther
References (no r	elatives)		
1. Name:		E-Mail:	
Telephone num	nber: (work)	(cell)	
Address:			
2. Name:		E-Mail:	
Telephone num	nber: (work)	(cell)	
Address:			
3. Name:		E-Mail:	
Telephone num	nber: (work)	(cell)	
Address:			

Attach the following written essays with this application:

- A reasonably full account of your life, including important events, relationships with people who have been significant to you, a description of your family of origin as well as your current family relationships. This account should also reflect emotional dynamics that provide an indication of how events and relationships have impacted your learning and personal development. (3- page minimum; 5-page maximum)
- 2. A description of the development of your spiritual life, including events and relationships that have impacted your faith journey and those that currently inform your belief systems. (3-page maximum)
- 3. A description of the development of your work (vocation) history, including a chronological list of positions held and the dates they were held. (a descriptive resume is acceptable for this requirement)
- 4. An account of an incident in which you were called upon to help someone in crisis. This account should include: The nature of the crisis and the request, your assessment of the crisis, what you did/how you responded, a summary evaluation of your response. (If you have had previous CPE, please present this account in the form of a verbatim/case study) (5-page maximum)
- 5. Your impression of Clinical Pastoral Education (CPE) and your understanding of how this program will help you meet your educational goals for ongoing or future ministry. (2-page maximum)
- 6. If you are an international applicant, you will have to obtain appropriate documentation from U.S. Immigration, which usually includes a visa and a US Social Security Number. International applicants should have such documentation approved at least six (6) months prior to the start of the program to which they are applying.

summary prepared by an ACPE, Inc. ACPE Certified Educ center to which you are applying. (There may be a charg interview). If a written summary is not yet available at th information:	center: You will need to schedule and obtain an admissions interview cator, ACPE Associate Educator, or another person satisfactory to the ge for this, by the center or the ACPE Certified Educator providing the he time of this application submission, please provide the following
Address:	
Dhono Number	Data of Intonviouu
	Date of Interview:
E-Mail Address:	
8. <u>Application Fee:</u> \$40 non-refundable (application will	
**For Applicants with Previous CPE Experience, Please Su	bmit the Following in addition to #1-6 above:
9. Copies of all previous CPE Supervisor Final Evaluati	
	st significant learning experiences in CPE and how you have
	ion learning method to reach your ongoing learning goals.
Illustrate your awareness of strengths and weakne	sses as a professional person.
11. What are your personal and professional goals and	how continued CPE education will aid in your learning process?
	center to which I am applying to access my CPE evaluations and contact is current application, and I consent for those contacted to provide the lectronically it constitutes my electronic signature.
Applicant Signature:	Date:
Instructions for Submission:	
	oporting materials and the \$40 application fee to:
Office c	of the Registrar
	ando CPE System Center
-	mery Road, 2 nd Floor
	Springs, FL 32714
	/ord or .pdf document to:
	AdventHealth.com
	reviewed for consideration until <u>all</u> required material
	cation fee is received.
	ando CPE System Center and all components is:) per each subsequent unit of CPE with AdventHealth.
	tact hours of classroom and clinical curriculum education
	sting of ACPE Certified Educators and Certified Educator Candidates – your unit tions; in accordance with ACPE, Inc. Accreditation and Certification Standards
	lando will undergo a Criminal and Background Check, drug screening, and are
required to provide documentation supporting current	vaccination requirements. Participation in CPE at AdventHealth Orlando is uman Resources to provide care as a student in the hospital setting.

AdventHealth Orlando CPE System Center is accredited for Level 1, Level 2 and Certified Educator CPE by: ACPE, Inc., 1 Concourse Pkwy, Suite 800, Atlanta, GA 30328 - 404-320-1472 www.acpe.edu