



Application for:

**Part-Time Programs:** (Hybrid classes with in-person clinical curriculum at an affiliated AdventHealth Hospital)  
West Florida: Hillsborough/Pinellas/ Marion/Sumter/Hernando/Pasco/ Polk/Hardee/Desoto/Highlands

\_\_\_\_\_ Spring (January – April)                      \_\_\_\_\_ Fall (August-December)

**Summer Intensive Program:** (Hybrid classes with in-person clinical curriculum at affiliated AdventHealth Hospital)  
West Florida: Hillsborough/Pinellas/Marion/Sumter/Hernando/Pasco/ Polk/Hardee/Desoto/Highlands

\_\_\_\_\_ (May/June- Aug./Sept.)

**CPE Residency:** (Hybrid classes with clinical curriculum at an affiliated AdventHealth Hospital  
beginning Aug./Sept. each calendar year)

\_\_\_\_\_ *Tampa* (Hillsborough/Pinellas/Pasco)  
\_\_\_\_\_ *Polk/Hardee/Desoto/Highlands* (The Heartland of FL)

**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/yr. Achieved: \_\_\_\_\_

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

Seminary: \_\_\_\_\_ Degree/yr. Achieved: \_\_\_\_\_

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

Previous CPE Experience

<u>Date</u>	<u>Center</u>	<u>Supervisor</u>	<u>Accredited by</u>
_____	_____	_____	___ ACPE ___ CPSP ___ Other
_____	_____	_____	___ ACPE ___ CPSP ___ Other
_____	_____	_____	___ ACPE ___ CPSP ___ Other

References (no relatives)

1. Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone number: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

2. Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone number: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

3. Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone number: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Attach the following written essays with this application:

1. 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 narrative descriptive resume is acceptable for this requirement)
4. A **recent** 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.

7. If you are planning an Admissions Interview at another center: You will need to schedule and obtain an admissions interview summary prepared by an ACPE, Inc. ACPE Certified Educator, ACPE Associate Educator, or another person satisfactory to the center to which you are applying. (There may be a charge for this, by the center or the ACPE Certified Educator providing the interview). If a written summary is not yet available at the time of this application submission, please provide the following information:

Admission Interview Conducted by: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

8. Application Fee: **\$40 non-refundable** (application will not be considered until Application Fee is received) Credit card payments may be made by calling 502-419-6845.

**\*\*For Applicants with Previous CPE Experience, Please Submit the Following in addition to #1-6 above:**

9. Copies of all previous ACPE Certified Educator Final Evaluations and all Self Final Evaluations
10. A paper (2-3 pages maximum) describing your most significant learning experiences in CPE and how you have continued to work within the action-reflection-action learning method to reach your ongoing learning goals. Illustrate your awareness of strengths and weaknesses as a professional person.
11. What are your personal and professional goals and how continued CPE education will aid in your learning process?

*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 with my signature below be false. I hereby give permission to the ACPE, Inc. accredited 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. I verify that in sending in this application electronically it constitutes my electronic signature.*

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

Instructions for Submission:

Complete and send this application and all supporting materials as a MS Word or .pdf document to:  
**Stephenie.MaddoxHill@AdventHealth.com**

No application will be considered complete or reviewed for consideration until all required material and the application fee is received.

Tuition rate for CPE at AdventHealth Center and all components is:

**\$600 for the first unit with AdventHealth; \$300 per each subsequent unit of CPE with AdventHealth.**

- A unit of CPE is a minimum of 400 **contact** hours of classroom and clinical curriculum education
- CPE at AdventHealth is a learning community consisting of ACPE Certified Educators and Certified Educator Candidates – your unit may be supervised by someone within either of these positions; in accordance with ACPE, Inc. Accreditation and Certification Standards
- **Note:** All Applicants accepted into CPE at AdventHealth will undergo a Criminal and Background Check, drug screening, and are required to provide documentation supporting current vaccination requirements. Participation in CPE at AdventHealth is contingent on a clearance from AdventHealth Human Resources to provide care as a student in the hospital setting.

AdventHealth Tampa CPE Center is accredited for Level 1A/1B, Level 2A/2B and Certified Educator CPE by:  
ACPE, Inc.-The Standard for Spiritual Care and Education 1 Concourse Pkwy, Suite 800, Atlanta, GA 30328 - 404-320-1472 [www.acpe.edu](http://www.acpe.edu)