Application For Clinical Pastoral Education

APPLYING FOR:

☐ Summer Intensive (June-mid Aug) ☐ Extended (M id-September – April)

☐ 3 Unit Residency Earliest date you can begin: _____

Name _____ E-mail _____ Date_____

Present Mailing Address _____

Cell Phone _____ Home or Work Phone_____

Permanent Address _____

Denomination/Faith Group Affiliation _____

Association, Conference, Diocese, Presbytery, Synod _____

Present Position _____ Ordained? _____ Date _____

EDUCATION: **Degree & Date Conferred**

College _____ _____

Seminary _____ _____

Graduate School _____ _____

PREVIOUS CLINICAL PASTORAL EDUCATION:

Dates	Center	Supervisor
_____	_____	_____
_____	_____	_____

REFERENCES AND ADDRESSES:

Denomination/Faith Group _____
Address: _____
Phone: _____ E-mail _____

Academic _____
Address: _____
Phone: _____ E-mail _____

Other _____
Address: _____
Phone: _____ E-mail _____

ATTACH TO APPLICATION:

1. A reasonably full account of your life, including important events, relationships with people who have been significant to you, and the impact these events and relationships have had on your development. Describe your family of origin, your current family relationships and your educational growth dynamics.

2. A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief systems.

3. Your current resume. Include a brief statement about your current employment and work relationships.

4. An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the "problem," what you did, and a summary evaluation. **If you have had previous CPE, include this information in verbatim form.**

5. Your impression of Clinical Pastoral Education and your educational goals, including how this training will be used to meet your goals for doing ministry.

6. $25.00 or an equivalent of N9,000 application fee made payable to “BUTH”.

7. If you are an international applicant, you will have to obtain appropriate documentation from Nigerian Immigration, which usually implies a visa and Resident Permit. 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.

8. Have you ever been convicted or pled nolo to a misdemeanor, a felony, or other crime?
   Yes___ No___

THOSE WITH PREVIOUS CPE SHOULD INCLUDE THE FOLLOWING:

9. Copies of all previous CPE final evaluations written by you and your educator. Your signature below indicates you give permission for your previous CPE centers to release your evaluations for purposes of this application process.

10. 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.

11. What are your personal and professional goals and how will continued training aid that process?

Signature of Applicant _____ Date _____

Completed applications and all required essays can be submitted via email to:

cpe@babcock.edu.ng

Application fee and/or hard copy of application material can be mailed to:

Babcock University Teaching Hospital
Babcock University, Ilishan-Remo, Ogun State, Nigeria.

You are required to complete an admissions interview with a CPE Certified Educator and members of the Babcock Chaplaincy Services Team.

BABCOCK CPE Center is affiliated to Kettering Health Network CPE Center
- accredited by ACPE, One West Court Square, Suite 325, Decatur, GA 30030
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