



Johns Hopkins Medicine Academic Division Clinical Pastoral Education Program Application & Instructions

Please respond to each of the following items. Your typed responses on separate pages would be appreciated.

1. Please complete the attached form and mail to Johns Hopkins Medicine Academic Division Clinical Pastoral Education Program at 5300 Alpha Commons Drive, Suite 234, Baltimore, MD 21224 or email to johnshopkinscpe@jhmi.edu. Read instructions carefully before submitting. International applicants have additional requirements and deadlines, as required by the Association for Clinical Pastoral Education (ACPE).
2. A reasonably full account of your life. Include, for example, significant and important persons and events, especially as they have impacted, or continue to impact, your personal growth and development. Describe your family of origin, current family relationships, and important and supportive social relationships.
3. A description of your spiritual growth and development. Include, for example, the faith heritage into which you were born and describe and explain any subsequent, personal conversions, your call to ministry, religious experiences, and significant persons and events that have impacted, or continue to impact, your spiritual growth and development.
4. A description of your work (vocational) history. Include a chronological list of jobs/positions/dates of employment and a brief statement about your current employment and work relationships.
5. An account of a "helping incident" in which you were the person who provided the help. Include the nature and extent of the request, your assessment of the issue(s), problem(s), situation(s). Describe how you came to be involved and what you did. Give a brief, evaluative commentary on what you did and how you believe you were able to help. *If you have had prior and recent CPE, please attach a copy of a recent verbatim as your "helping incident" and add to the verbatim your own notes on how and what you learned from sharing this verbatim with your supervisor and/or peers. If you have had CPE, but it was more than two years ago, include a recent account of a helping incident, written up in a verbatim format. If possible, include feedback from current pastoral colleagues and/or administrative supervisor.*
6. Your impressions of Clinical Pastoral Education. Indicate, for example, what you believe or imagine CPE to be. Indicate if CPE is being required of you. Indicate any learning goals or issues of which you are aware and would like to address in CPE. Finally, indicate how CPE may be able to help you meet needs generated by your ministry or call to ministry. *If you have had prior CPE, please indicate the most significant learning experience you had during CPE. State how you have continued to use the clinical method since your previous experience. Indicate strengths and weaknesses that you have as they relate to your ministry and your identity as a professional person. Indicate any personal and/or professional learning goals and issues that you have at this time and how you believe that CPE will help you to attain or address these learning goals and issues.*
7. You are required to complete an admissions interview with an ACPE Certified Educator or a person approved by Johns Hopkins Medicine Academic Division.
8. Johns Hopkins Medicine Academic Division requires a \$50.00 application fee. If you are interviewing at our center, but not applying to our center, we require a \$100.00 interview fee due at the time of the interview.
9. 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 through ACPE 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 ___
10. An applicant with prior CPE should attach all previous self and supervisory evaluations and your signature below indicates you give permission for your previous CPE centers to release your evaluations for purposes of this application process.
11. Retain your own copy of this completed application and bring it with you to your interview.
12. Please attach a current resume.

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 by false. I hereby give permission to Johns Hopkins Medicine Academic Division 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 if sending in this application electronically it constitutes my electronic signature.

Signature: _____ Date: _____



Application for Clinical Pastoral Education

Print or type responses and mail completed application to 5300 Alpha Commons Drive, Suite 234, Baltimore, MD 21224.

Applying for: Fall ___ Winter ___ Spring ___ Summer ___ 12 month residency* ___ Extended Unit ___

Preferred program/site: _____ Earliest date you can begin: _____

*Please note that residency programs usually require an in-person interview in the admission process.

Directory Information

Name: _____ U.S. Citizen: Yes No

Mailing Address: _____ City: _____ ST: _____

Country & ZIP: _____ Email: _____

Day Tel: _____ Alt Tel: _____ Fax: _____

Permanent Address: _____ City: _____ ST: _____

ZIP: _____ Country: _____ Alt Email: _____

Spiritual Affiliation/Faith Group: _____

Spiritual/Religious Congregation & Role: _____

Ordained/Licensed/Appointed: _____ Date: _____

College: Degree/Date: _____

Grad/Theological Schl: Degree/Date: _____

Grad/Theological Schl: Degree/Date: _____

Table with 3 columns: Prior CPE Dates, Center, Educator. Includes three rows of input lines.

Academic Reference

Name/Title: _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Spiritual/Faith Group Leader Reference (name/title): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Personal Reference (name/relationship): _____

Ph: _____ Address: _____

City: _____ ST: _____ ZIP: _____ Email: _____

Signature of applicant: _____ Date: _____