



Calvary Hospital Clinical Pastoral Education Program

Accredited by ACPE

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:

Rev. Carlos Alejandro
Calvary Hospital
1740 Eastchester Road
Bronx, NY 10461

Read instructions carefully before submitting. International applicants have additional requirements and deadlines. You may want to make a copy of a blank form before entering any data.

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. 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 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___
8. 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.
9. Retain your own copy of this completed application and bring it with you to any interview for CPE.
10. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime? Yes___ No___
11. Please attach a current resume.

NOTE: \$25 Application Fee is to be submitted with completed application.

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 be false. I hereby give permission to the ACPE 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 if sending in this application electronically it constitutes my electronic signature.

Association for Clinical Pastoral Education, Inc.
1 West Court Square, Suite # 325 ■ Decatur, GA 30030
Phone: (404) 320-1472 ■ Fax: (404) 320-0849
Email: acpe@acpe.edu ■ Website: www.acpe.edu

Reference Form for Clinical Pastoral Education

| | |
|---|--|
| <p>CPE Applicant</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Email: _____</p> <p>Phone: () _____</p> <p>=====</p> <p>Program applied for:</p> <p>_____ Fall/Winter CPE (Extended Unit)</p> <p>_____ Spring CPE (Extended Unit)</p> <p>_____ Other: _____</p> | <p>Professional Reference</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Email: _____</p> <p>Phone: () _____</p> <p>Position: _____</p> <p>=====</p> <p>This information will be kept strictly confidential.</p> <p><i>Please do not return this reference to the candidate but send it directly to the CPE Center:</i></p> <p style="text-align: center;">Calvary Hospital Pastoral Care – Rev. Carlos Alejandro 1740 Eastchester Rd. Bronx, NY 10461</p> |
|---|--|

1. How long have you known the candidate, and in what capacity?

2. How do you evaluate the candidate's
 - a. Self-awareness and ability to engage in self-reflection?

 - b. Ability to learn from experience/personal commitment to learning?

 - c. Maturity of faith and depth of spiritual development?

 - d. Ability to give and receive feedback?

3. If you were hospitalized, how would you feel about him/her visiting you?

4. Please evaluate the candidate on the following scale:

| | Excellent | Very Good | Good | Weak | Very Weak |
|---|-----------|-----------|------|------|-----------|
| Interpersonal Communication | | | | | |
| Ability to Engage Suffering | | | | | |
| Personal and Professional Accountability | | | | | |
| Emotional Maturity | | | | | |
| Creativity | | | | | |
| Ability to Identify and Claim Authority as a Religious Leader | | | | | |
| Intellectual Ability | | | | | |

5. Please elaborate on any of the above, especially any areas that may be challenging or difficult for the applicant.

6. What do you think of his/her plan to do Clinical Pastoral Education? (motivation, attitude, readiness for CPE, etc.)

7. Additional remarks, comments or concerns.

Signature: _____

Date: _____

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Date: _____

ANNUAL NOTICE 2017 ACPE Standard 304.4

Policy on Maintenance of Student Records

- 1) This ACPE CPE center guarantees to its students the rights to inspect and review education records, to seek to amend them, to specified control over release of record information, and to file a complaint against the center for alleged violations of these Family Education and Privacy Act (FERPA) rights.
- 2) Directory Information at this center includes student's name, address, gender, denomination, and seminary or other school, phone number(s), and e-mail address(es). A student can opt out from the directory by a written request, addressed to the director of the Department of Pastoral Care.
- 3) Student records will include face sheet, supervisor and student evaluations. These will be kept for 10 years. During CPE programs, student records include students' verbatim records, impressions reports, and any other written material requested by supervisor. Upon completion of the unit, these materials will be destroyed by shredding after the supervisor has written his or her evaluation.
- 4) Student will have a right to object to the supervisor's evaluation and request changes. If supervisor is not able/willing to make the requested changes the student has the right to write an objection or addition which will be kept and released with the evaluation.
- 5) Supervisors and, at the supervisors' permission, supervisory education students function as education officials and have access to student records without student's written or verbal consent.
- 6) All student records will be kept under lock and key in the CPE Supervisor's private office.
- 7) Supervisor's and student's evaluations will be released to third parties only upon written request by the student. Exceptions: Student records may be reviewed, however, without student consent, by accrediting and regulatory agencies "to protect the health or safety of the student and for the purpose of accreditation review, or a complaint or appeal involving that student or as otherwise permitted and required for legal purposes."
- 8) In the event the program at Calvary Hospital is closed, all records will be packaged and then transferred, under the direction of the Administration, to the Eastern Region, ACPE, Co-Regional Director: The Rev. John B. Pumphrey, 146 Fairhill Drive, Wilmington, DE 19808, Eastern.Region@acpe.edu.
- 9) Violations of these protocols may be reported to the Chair of the Accreditation Commission at: ACPE, 1 West Court Square, Suite # 325, Decatur, GA 30030, acpe@acpe.edu.