Supervisory Education Student Application
See the current “Admissions Policy” for prerequisites and additional SES information.

CARE AND COUNSELING CENTER of Georgia
A Samaritan Center uniting the former Georgia Association for Pastoral Care and the Verdery Center of the Georgia Baptist Health Care System

Center for Chaplaincy & Clinical Pastoral Education
1814 Clairmont Road, Decatur, GA 30033
404-636-1457, ext. 414 Fax: 404-636-7449 Email: cpe@cccgeorgia.org www.cccgeorgia.org

Please respond to each of the following items. Type your responses on separate pages, single-spaced, single-sided only. Do not staple your application together.

1. Complete the attached form and mail to the Center for Chaplaincy & Clinical Pastoral Education at the Care and Counseling Center of Georgia. 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 current autobiographical statement. This paper should communicate an applicant’s current awareness of ways his/her personal history shapes and informs their practice of ministry. It should reflect integration of religious development with self-understanding and a mature comprehension and interpretation of personal development, family background, religious journey, and educational and vocational history. A reader should discover what constitutes for the applicant life-shaping events, persons and relationships. This would include his/her grasp of multiple defining influences including structures and systems (e.g. political, religious, familial, etc.) as well as factors such as gender, race, culture, etc. The purpose of this paper is to provide material for interviewers to evaluate the applicant’s current level of integration in terms of self-understanding and capability to use his/her history to benefit others, pastorally and educationally. (8 page maximum length).

3. A brief paper articulating the applicant’s theological, educational and methodological understanding of CPE. (2 page maximum length).

4. A brief description by the applicant of his/her religious life and faith development including events/relationships that have informed the applicant’s cultivation of faith, its practice(s), and his/her current belief system. (2 page maximum length).

5. A brief paper that interprets the applicant’s pilgrimage in CPE specifically, with reference to the impact of the journey as documented in progressive, written evaluations, on his/her role as minister and potential as a pastoral educator. (2 page maximum length).

6. A brief paper articulating the applicant’s motivation for entering supervisory training (2 page maximum length).

7. A recent example from written, clinical material that illustrates how the applicant provides pastoral ministry (best practice). This would be a verbatim or, preferably, a case study. By case study we mean a unified, linked series of pastoral encounters with an individual or individuals from an ongoing, extended process of pastoral care. These materials should include emerging interpretations and choices of interventions made from among various pastoral care options. The applicant should choose material s/he believes clearly demonstrates his/her pastoral and conceptual competence. We want to see the applicant’s ability to minister creatively, thoughtfully and effectively. We want to see that the applicant knows what s/he is doing and why, and that s/he can reflect upon pastoral encounters in ways that evidence potential
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to educate others. The example of ministry can be with a patient, family member(s), a parishioner, staff person, or client. (8 page maximum length).

8. Copies of **ALL** applicant’s and ACPE Supervisor’s written, final evaluations from **ALL** previous ACPE units. Final evaluations should indicate that applicant has successfully completed (or is in the midst of completing) at least two units of Level II CPE. Where an applicant completed CPE prior to 2000 a faculty CPE supervisor will decide, for the purpose of admission, if the student completed outcomes for Level I/Level II CPE. If the applicant has had previous SES training they must also include copies of **ALL** Presenter’s and Committee Action and/or Consultation Committee Reports.  **All copies should be single-sided and staple-free.**

9. A written, signed endorsement by a current ACPE Supervisor of the applicant’s ability to provide high-quality pastoral care and affirmation of his/her readiness for Supervisory training and potential to become an ACPE Supervisor. This document may be mailed to the Center.

10. **A non-refundable fee of $100.00 is due with your application.** You may pay by check or money order (do not staple it to your application) or you may pay by credit card over the phone (call 404-636-1456, ext. 400 and tell the receptionist you want to pay your CPE/SES Application Fee). You may also pay by check, money order, credit/debit card or cash in person at the Center.

11. 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. **Do not staple these documents.** If offered employment, can you submit verification of your legal right to work in the U.S.? Yes ___ No ___

12. If you are selected for an admissions interview with **Care and Counseling Center of Georgia** someone will contact you. **Not all applicants are selected for interviews.**

13. Have you ever been convicted or pled *nolo* to a misdemeanor, a felony, or other crime?
   Yes ___ No ___

13. All completed applications will be reviewed by **Care and Counseling Center of Georgia** in order to conduct an evaluation of the applicant's qualifications. Only qualified applicants will be invited to complete an admissions interview as part of the application process. Send complete applications **(without any staples)** to Care and Counseling Center of Georgia, CPE Administrator, 1814 Clairmont Rd, Decatur, GA 30033.

CCCG does not discriminate against any qualified individual in an admissions decision for reasons of race, color, national origin, gender, age, physical disability, sexual orientation, or faith group.

I understand that neither my submission of this application, nor any subsequent invitation for an interview by a representative of CCCG, constitutes an offer of enrollment in any of the CCCG Supervisory Education Student Programs. In the event that my application in a Supervisory Education Student Program is denied, I understand that CCCG is not obligated to provide me with a reason for its denial. I hereby give my consent to the Center for Pastoral Care & Chaplaincy Education to access my CPE evaluations and supervisory personnel about matters pertaining to this current application.

**Signature:** ___________________________ **Date:** ___________________________

*Please note: It is not acceptable to sign your application electronically. We must receive your signature page via snail mail, fax, or as a scanned document via email.*
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Center for Chaplaincy & Clinical Pastoral Education

Application for Clinical Pastoral Education
Print or type responses; mail completed application to the Care and Counseling Center of Georgia.
Preferred program/sites/settings: __________________________
Earliest date you can begin: ______________

Directory Information
Name: __________________________
Mailing address: __________________________ City: __________ ST: __________
ZIP: __________ Country: __________ Email: __________________________
Cell: __________________________ Alt Tel: __________________________ Alt Tel: __________________________
Permanent Address: __________________________ City: __________ ST: __________
ZIP: __________ Country: __________ Alt Email: __________________________
Denomination/Faith Group Affiliation: __________________________
Jurisdiction/District/Diocese/Conference/Assoc: __________________________
Jurisdictional Authority (name/title): __________________________
Local Church & Ministry Position: __________________________
Ordained/Licensed/Appointed: __________________________ Date: __________
College: Degree/Date: __________________________
Seminary: Degree/Date: __________________________
Grad School: Degree/Date: __________________________
Prior CPE: Dates __________________________ Center __________________________ Supervisor __________________________
academically centered around pastoral care and counseling.

Academic Reference (Name/Title): __________________________
Address: __________________________ City: __________ ST: __________ ZIP: __________
Tel: __________________________ Email: __________________________
Denominational Reference (name/title): __________________________
Address: __________________________ City: __________ ST: __________ ZIP: __________
Tel: __________________________ Email: __________________________
Personal Reference (name/relationship): __________________________
Address: __________________________ City: __________ ST: __________ ZIP: __________
Tel: __________________________ Email: __________________________

Signature of applicant: __________________________ Date: __________

Mail completed application and attached materials (including the application fee) to:

Care and Counseling Center of Georgia
CPE Administrator
1814 Clairmont Road
Decatur, GA 30033