Please respond to each of the following items. Type your responses on separate pages, single-spaced, single-sided only; approximately 10 pages for items 2-7. **Do not staple** your application.

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 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 religious vocational call, 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 religious/spiritual 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. **Preference in site placement.** If you indicated a site placement preference, please write about this preference. If you have a preference in placement sites, please elaborate on the factors important in
how you came to that preference. (this answer may be used in determining your interviewing process and team of interviewers, so please include all factors important in your decision preference).

8. An applicant with prior CPE should submit copies of **ALL previous self final evaluations and ALL previous supervisory final evaluations**. If you are in the midst of your first unit and are applying for a residency you must include copies of your self mid-unit evaluation and your supervisory mid-unit evaluation. Please remove all staples. (If you did not receive a written supervisory mid-unit evaluation, please contact us to fill out a verbal evaluation release form.)

9. **A non-refundable fee of $60.00 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 application fee). You may also pay by check, money order, credit/debit card or cash in person at the Center.

10. 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 ___

11. 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.

12. 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 Clinical Pastoral Education Programs.

In the event that my application to a Clinical Pastoral Education 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 Chaplaincy and Clinical Pastoral Education to access my CPE evaluations, supervisory personnel, and references 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.*
 Applying for: Fall___ Spring___ Summer___  Extended Unit_____ 12 month residency____

Preferred Placement: Please write 1 by your 1st site preference, 2 by your 2nd site preference, and 3 by your 3rd site preference.*

_____ Grady    _____ Northside    _____ Gwinnett

□ Check if you are open to consideration by other sites
□ Check if you have no site preference
Earliest date you can begin: ___________

Directory Information

Name: _____________________________________________________________________
Mailing address: _____________________________________________________________
___________________________________________________________________________
Cell.:______________________ Alt Tel.:__________________ Alt Tel: ___________________
Email: _____________________________________________
Permanent Address:____________________________________________________________
Denomination/Faith Group Affiliation:__________________________________________
Jurisdiction/District/Diocese/Conference/Assoc:________________________________
Jurisdictional Authority (name/title):__________________________________________
Local Church & Ministry Position if applicable:
___________________________________________________________________________

Ordained/Licensed/Appointed: __________________________Date: _____________________
College: Degree/Date:__________________________________________________________
Seminary: Degree/Date:_________________________________________________________
Grad School: Degree/Date:______________________________________________________

* While we will try to match you with your site preference, there is no guarantee of placement at your preferred site.
Prior CPE: Dates   Center   Supervisor
________________           ________________________          __________________________
________________           ________________________          __________________________
________________           ________________________          __________________________

Academic Reference (Name/Title):________________________________________________
Address: ____________________________________________________________________
Tel: _______________________ Email: ___________________________________________

Denominational Reference (Name/Title):____________________________________________
Address: ____________________________________________________________________
Tel: _______________________ Email: ___________________________________________

Professional Reference (A person who can speak to your readiness to take CPE)  
(Name/Relationship): ______________________________________________
Address: ____________________________________________________________________
Tel: _______________________ Email: ___________________________________________

In singing this application I give the CCCG CPE Program permission to call my references, my judicatory, and prior CPE supervisors to verify my qualifications.

Signature of applicant: ________________________________
Date: __________________

Mail or email completed application and attached materials (including the application fee) to:
Care and Counseling Center of Georgia
CPE Administrator
CPE @ccggeorgia.org
1814 Clairmont Road
Decatur, GA 30033
CPE Application Checklist

☐ My application is completely staple-free (including my evaluations and my payment) and my entire application is single-sided.

☐ I have included a copy of every final self-evaluation and a signed copy of every final supervisor-evaluation from every unit of CPE I have completed (if applicable).

☐ I have included my check or money order for the $60 non-refundable application fee or I have made the payment in person or over the phone.

☐ I have indicated the unit for which I am applying and have ranked placement options and described why I choose these placements.

☐ My email address is legible, current and I check it regularly.

☐ I have signed my application form with my handwritten signature, as well as the application agreement page.