

Long Beach Memorial Medical Center
Rev. Karyn Reddick, Director of Pastoral Care
2801 Atlantic Avenue, Long Beach CA 90806

APPLICATION FOR CLINICAL PASTORAL EDUCATION

| Unit Desired | | | | |
|-------------------|------------------------------------|------------------------------------|----------------------------------|------------------------------------|
| Unit: (Check one) | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Winter |
| Year: _____ | | | | |

| Applicant Information | |
|----------------------------------|-------------|
| Name: | Home Phone |
| Address: | Work Phone: |
| | Cell Phone: |
| Social Security Number: | Pager: |
| E-Mail Address | |
| Emergency Contact Person's Name: | |
| Address: | |
| Phone Number: | |

| Denomination/Faith Group Information | |
|--|---|
| Name of Religious Body: | Conference, Presbytery, Diocese, Association, Synod, etc. |
| Ordained? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Ordination: |
| Any Disciplinary actions past or pending with a religious body? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, attach explanation on separate sheet. | |

| Education | Degree |
|-----------------|--------|
| College: | |
| Seminary: | |
| Graduate Study: | |

| Previous Clinical Pastoral Education | | |
|--------------------------------------|--------|------------|
| Dates | Center | Supervisor |
| | | |
| | | |
| | | |

| References and Addresses | |
|---------------------------|--|
| Denomination/Faith Group: | |
| Academic: | |
| Other | |

CPE APPLICATION REQUIREMENTS

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 in your development. Describe your family of origin, your current family relationships and your educational growth dynamics.
2. A description of your religious life, including events and relationships that affected your faith and currently inform your belief systems.
3. A description of the development of your work (vocation) history, including a chronological list of positions and dates.
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 hospital experience, include this information in verbatim form.
5. Your impression of CPE and your education goals, including how this training will be used to meet your goals for ministry.

(THOSE WITH PREVIOUS CLINICAL EXPERIENCES SHOULD PROVIDE THE FOLLOWING)

6. Copies of previous evaluations written by you and your supervisor.
7. What was the most significant learning experience in previous work and how have you continued to work in this learning method? Illustrate your strengths and weaknesses as a professional person.
8. What are your personal and professional goals and how will continued training aid that process?

Signature of the Applicant: _____

Date: _____