



Thank you for your interest in the Allina CPE Center. Instructions for completing the application are listed below.

1. Please complete the attached form and mail, or email to the Allina CPE Center. Read instructions carefully before submitting. International applicants have additional requirements and deadlines. **Please be sure to specify which site (Abbott Northwestern Hospital, Mercy & Unity Hospitals, St. Francis Regional Medical Center, United Hosptial) you are interested in applying for.** More information on our sites can be found on our website at <http://www.allina.com/ahs/cpe.nsf/>
2. Complete an essay on the following topics to be included with your application. Essays should be typed using a reasonable size font and be clear as to the topic you are writing on.
 - a. 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.
 - b. 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.
 - c. 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.
 - d. 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.*
 - e. 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*
3. You are required to complete an admissions interview with an ACPE supervisor or a person approved by the center to which you are applying, or at the center to which you are applying. If more information is needed regarding this interview, please contact the Allina CPE Center.
4. 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.
5. An applicant with prior CPE should attach copies of all previous self and supervisory CPE evaluations. Also, if you have had prior CPE and if you are giving this center permission to directly access previous CPE evaluations and supervisory personnel, then please sign the corresponding box as well as signing the application form.
6. Retain your own copy of this completed application and bring it with you to any interview for CPE.

I hereby give my consent to the ACPE center to which I am applying to access my CPE evaluations and supervisory personnel about matters pertaining to this current application.

Signature: _____ **Date:** _____



Allina Clinical Pastoral Education Center
 800 East 28th Street, Mail Route 16603
 Minneapolis, MN 55407

Application for Clinical Pastoral Education

Print or type responses and mail or email to the Allina CPE Center (cpe@allina.com).
 Questions can be directed to the Allina CPE Center by calling (612) 863-1304.

Applying for: Fall___ Spring___ Summer___ Extended Unit ___ 9 month residency___ 12 month residency___
 Preferred site: 1st Choice: _____ 2nd Choice: _____
 3rd Choice: _____ 4th Choice: _____

***Please note that residency programs usually require an in-person interview in their admissions process.**

Directory Information

Name: _____

Mailing address: _____ City: _____ ST: _____

Country & ZIP: _____ Email: _____

Day Telephone: _____ Alt Telephone: _____

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 Schl: Degree/Date: _____

| Prior CPE Dates: | Center | Supervisor |
|------------------|--------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

References

Academic Reference (name/title): _____

Phone: _____ Address: _____

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

Denominational Reference (name/title): _____

Phone: _____ Address: _____

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

Personal Reference (name/relationship): _____

Phone: _____ Address: _____

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

Admissions Interviewer: _____

Address: _____

Interviewer's Phone: _____ Email: _____

Signature of applicant: _____ **Date:** _____