



CARE *and* COUNSELING

Hope and Healing

12141 Ladue Road • St. Louis, MO 63141-8120 • Phone | 314-878-4340 • Fax | 314-878-4524
info@careandcounseling.org • www.careandcounseling.org

Accredited by The Samaritan Institute and The American Association of Pastoral Counselors

Care and Counseling Training Program Application Form

Date of Application _____

Name _____ Social Security Number _____

Address _____

City, State Zip _____

Home Phone _____ Work Phone _____

E-mail _____ Cell Phone _____

Employment

Current Employment

_____ Dates _____

Place/Address _____ Position _____

Past employment experience (list most recent first)

Place _____ Dates _____

Position _____

Place _____ Dates _____

Position _____

Place _____ Dates _____

Position _____

Name _____

Education

College _____ Degree _____ Dates _____

Seminary _____ Degree _____ Dates _____

Graduate School _____ Degree _____ Dates _____

Other _____ Degree _____ Dates _____

Clinical Experience

Clinical Pastoral Education Units Place _____

Supervisor _____ Dates _____

AAPC Approved Training Program or Supervision Place _____

Supervisor _____ Dates _____

Practicum or Internship Experience Place _____

Supervisor _____ Dates _____

Place _____

Supervisor _____ Dates _____

Personal Therapy Experience

Please list any type of personal therapy experiences (individual, marriage, family, group) and how long and how often.

Name: _____

Include the following with your application or have it sent directly to Care and Counseling

_____ College/University transcript-bachelor's degree

_____ College/University transcript -master's in a behavioral science (counseling, social work, psychology)
and/or

_____ Seminary transcript

_____ CPE supervisor's final evaluation report
and/or

_____ Practicum supervisor's final evaluation report

_____ Current Resume

_____ An autobiography that includes basic details of one's life: the significant events, issues, conflicts with a reflection on their significance and including reasons and hopes in pursuing the Care and Counseling Training Program.

_____ Two letters of reference from persons who can evaluate your current counseling skills and/or readiness to undertake a training program.

_____ A letter from a judicatory official attesting to your good standing in your faith group (if applicable).

_____ \$100 non-refundable application fee.

Admission interviews are held in spring for beginning the training program in September. (Not required for Certificate of Study only.) The training program may be taken on a part time or a full time basis. As part of the admissions process the student and Training Coordinator will work out the timing of the course work and number of clinical hours to be completed each semester.

I understand that representatives of Care and Counseling will review and act upon this application, which includes all the application materials, and I agree to hold such personnel and Care and Counseling harmless with respect to action they may take in connection with such review.

I also understand that the application fee is non-refundable.

I certify that the information I have provided is accurate to the best of my knowledge. I further give any employer, educational institution, licensing or certifying board, insurer or the National Practitioner Data Bank (NPDB) permission to release any information necessary to verify the validity of this application.

Signature

Date

Send application to: Stephanie Whitney, MA, LPC, ATR-BC
Clinical Director
Care and Counseling, Inc.
12141 Ladue Road
St. Louis, MO 63141-8120
314-336-1097 or 314-878-4340
swhitney@careandcounseling.org