

APPLICATION FOR CLINICAL PREPARATION FOR MINISTRY



Today's Date _____

Last Name First Name Middle Name/Initial Title/Salutation

Gender Date of Birth (MM/DD/YYYY) Are you a U.S. Citizen?

Mailing Street Address, City, State, Zip Code

Primary Phone Number Alternate Phone Number Email Address

College/University, School and Degree and date received

Seminary, School and Degree and date received

Other Graduate Studies, Degree and date received

Current Professional Position

Are you ordained/professed/commissioned? If yes, please give date since

Faith Group Affiliation and/or Denomination

Applying for:

_____ **Part I/Part II 2017 (Part I: January-May, Part II: August-December)**

Clinical Preparation for Ministry seeks to draw students from all racial and ethnic groups. Please indicate any identities in which you would include yourself. Any disclosure of ethnic background is completely voluntary and optional, and omitting or providing answers will not affect consideration of your Clinical Preparation for Ministry does not discriminate in its admissions decisions on the basis of race, color, religion, gender, sexual orientation, national origin, age, marital status, or disability.

Country of Origin (optional) Ethnicity (optional)

Have you ever been convicted or pled guilty to a misdemeanor, a felony, or other crime? If yes, please explain.

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. If offered enrollment, can you submit verification of your legal right to work in the U.S.?

How did you first hear about Clinical Preparation for Ministry?

References

A denominational, academic and personal reference is required for admission. You may substitute a professional reference if necessary. Please send the following link to three reference givers: <https://secure.healthcarechaplaincy.org/checkbox/CPEReference.aspx>

Denominational Reference Name and Title

Academic Reference Name and Title

Personal Reference Name and Title

I certify that all information in this application is factually true, complete, and honestly presented. I am aware that my application materials will be read by professionals involved in the admission process.

Signature and Date

Essays – please include all essays with the application

1. Personal Biography.

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. The applicant is expected to reflect on her/his life by writing approximately 3 pages (1500 words).

2. Spiritual Formation and Faith Journey.

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. (1500 words)

3. 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. A current resume/CV is acceptable.

4. An account of a “helping incident”.

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. (1500 words)

5. Motive and Goals for Clinical Preparation for Ministry Program.

Indicate, for example, what you believe or imagine CPM to be. Indicate if CPM is being required of you. Indicate how CPM may be able to help you meet needs generated by your ministry or call to ministry. If you have had prior CPM experience, please indicate the most significant learning experience you had. Indicate any personal and/or professional learning goals and issues that you have at this time and how you believe that CPM will help you to attain or address these learning goals and issues. (1500 words)

Application Fee and Tuition

Tuition: \$2,880 (payable in 2 installments: \$1440 at the beginning of each session)

Application Fee: \$100 (applied to tuition once accepted into program)

Registration Deadline: **December 1**

Application and application fee must be received by deadline.

Mail application to:

Care and Counseling
12141 Ladue Road
St. Louis, MO 63141

Applications are available online at: www.careandcounseling.org

Admission Interview:

Applicants will be required to complete an admissions interview with a member of the Clinical Preparation for Ministry leadership team. A representative will contact you to schedule an in-person or online interview once your application is received.