

**Application for Clinical Pastoral Education
Local or Long-Distance Learning
College of Pastoral Supervision and Psychotherapy**

____ June – August 2019 (Full-unit) ____ September – December 2019 (Half-unit)

____ January – May 2020 (Half-unit) ____ June – August 2020 (Full-unit)

Applicant Information

Name: _____ Home phone: _____

Address: _____ Other phone: _____

E-mail address: _____

Denominational Faith Group Information

Name of Religious Body: _____ Conference, Presbytery, Diocese,
Association, Synod, etc.

Ordained? _____ Date of ordination: _____

Education

College: _____ Degree: _____

Seminary: _____ Degree: _____

Graduate Study _____ Degree: _____

Previous Clinical Pastoral Education

Dates	Center	Supervisor
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References and Addresses

Denomination / Faith Group:

Academic:

Other:

Please Attach to Application

1. Three stories (one-half to one page each) of important events / people / memories in your life. These may be anything of significance, but pay special attention to those which triggered life-change for you.
2. A religious autobiography (two to three pages). Include information about faith group / denominational activities of each parent prior to your birth, as well as an account of your own religious pilgrimage. If you have held leadership positions of any kind in your religious group, describe each one.
3. An account of a time when you helped someone else (one-half to one page). Be specific about the need as you understood it, and about how you provided help.
4. The name, address and contact information of the person who may serve as your supervisor at the clinical site you intend to use for supervision.
5. A statement about why you want Clinical Pastoral Education and a brief description of your proposed clinical setting for ministry (parish, medical center, hospice, military, etc.) If you have specific ideas about what you would like to learn, include them.
6. If you have had previous Clinical Pastoral Education, please include copies of evaluations written by you and by your supervisor(s).

Signature

Date

Email or fax this application to:

Chaplain David G. Berg, M. Div.
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