

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

_____ January – May 2021 (Half-Unit) _____ June – August 2021 (Full-Unit)
_____ September – December 2021 (Half-Unit) _____ January – May 2022 (Half-Unit)

_____ If applying only for a Monday night Half-Unit, please check.
_____ If applying only for a Wednesday morning Half-Unit, please check.
_____ If applying for either time frame, please check.

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
-------	--------	------------

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.
Diplomate, College of Pastoral Supervision and Psychotherapy
Chesapeake Pastoral Counseling Center, LLC
104 Forbes Street, Suite 205
Annapolis, MD 21401
dgberg@starpower.net
443-623-9789 – cell
410-295-0606 – fax

