



APPLICATION FOR:

- Summer Unit: *(June - August, 1 Unit)*
- Residency: *(September - May, 3 Units)*
- Extended Unit: *(Various Dates, 1 Unit)*
- Vicarage / Deaconess Internship:
(mid-August - mid-September, 4 Units)
- Supervisory Education *(3 Year Program)*
(Please call first for availability)

OFFICE USE ONLY

Application Received: _____
 Application Fee Received: _____
 Interviewed by: _____
 Date: _____
 References Requested: _____

Date of application:

Name

E-mail address

Telephone: Day

Social Security Number:

Present mailing address:

Permanent address:

Present position:

Person to be notified in case of emergency:

Professional credentials in the church (e.g., ordained, certified) and titles:

Denomination:

Telephone: Alternate

EDUCATION:

College/Degree/Dates:

Seminary/Degree/Dates:

Graduate Study/Degree/Dates:

REFERENCES (please provide name, full address with zip code, email, and phone number):

Denominational/Faith Group (e.g., District President/Superintendent, Bishop, member of ordination committee, circuit counselor, etc.):

Academic (a professor who knows you well academically and otherwise):

Previous Employer (a supervisor):

Pastor or Spiritual Mentor (knows your faith journey and has provided guidance):

PREVIOUS CLINICAL PASTORAL EDUCATION:

Date	Center	Supervisor	Credit Received
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ATTACH TO, OR SUBMIT ELECTRONICALLY WITH, APPLICATION:

1. A reasonably full account of your life, including important events, relationships with people who have been significant to you, and the impact these events and relationships have had on your development. Describe your family of origin, your current family relationships and your educational growth dynamics (2 to 3 page minimum*).
2. A description of the development of your religious life, including events and relationships that have affected your faith and currently inform your belief systems (2 to 3 page minimum).
3. A description of the development of your work (vocation) history, including a chronological list of positions and dates.
4. An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the “problem,” what you did, and a summary evaluation. You may submit a recent verbatim, if you have one.
5. Your impression of Clinical Pastoral Education and your educational goals, including how this training will be used to meet your goals for doing ministry.
6. A description of special needs (Lutheran Senior Services CPE does not offer financial support or other “perks” for the summer unit).
7. An admissions interview by an ACPE Supervisor or another qualified person (CPE Supervisors, Seminary Liaison Professors, and Regional Directors may recommend an interviewer). An interview with our supervisor(s) is preferred.
Admission Interview conducted by:
Address:
8. **Application fee of \$50.00 (non-refundable, made out to Lutheran Senior Services).**

If you are submitting this application and its attachments electronically please mail your check with a cover letter indicating you have done so. Your application will not be processed until your fee is received.

COMPLETE THE FOLLOWING IF YOU HAVE PREVIOUS CPE EXPERIENCE:

9. Copies of previous CPE evaluations written by you and your supervisor.
10. What was the most significant learning in your previous CPE experience(s)?
11. What are your personal and professional goals, and how will continued training aid that progress?

SIGNATURE:

I certify that all information in this application is factually true, complete, and honestly presented. I understand that I may be subject to disciplinary action, including admission revocation or program expulsion, should the information I've certified be false. I hereby give permission to the ACPE center to which I am applying to access my CPE evaluations and contact previous supervisory personnel about matters pertaining to this current application, and I consent for those contacted to provide the information sought. I verify that, if sending in this application electronically, it constitutes my electronic signature.

Applicant's Name

Date

Please mail your application and \$50.00 (non-refundable) application fee to the attention of:
The Reverend Jeffery J. Scheer, Administrator of Clinical Pastoral Education,
Lutheran Senior Services, 723 S. Laclede Station Rd., St. Louis, MO 63119

*** Failure to provide the minimum written requirements will delay the processing of your application.**

LUTHERAN SENIOR SERVICES (LSS) ASSOCIATION FOR CLINICAL PASTORAL EDUCATION (ACPE) CLINICAL PASTORAL EDUCATION (CPE)

This program is accredited and Rev. Jeffery J. Scheer is certified by ACPE, Inc.
One West Court Square, Suite 325, Decatur, GA 30030 Phone: (404) 320-1472.