



APPLICATION FOR:

Winter Fall
 Spring Residency
 Summer Extended

Earliest date you can begin: _____

**SWEDISH MEDICAL CENTER
FIRST HILL CAMPUS
APPLICATION FOR CLINICAL PASTORAL EDUICATION**

Name: _____ Date of Birth: _____
Month/Day

Present Mailing Address: _____

Telephone: () _____ E-Mail Address: _____

Permanent Address: _____

Telephone: () _____ E-mail Address: _____

Marital Status: _____ Ages of Children: _____

Denominational Affiliation: _____

Association, Conference, Diocese, Presbytery, Synod: _____

Present Position: _____ Ordained? _____ Date: _____

EDUCATION

DEGREE

DATE

College: _____

Seminary: _____

Graduate Study _____

PREVIOUS CLINICAL PASTORAL EDUCATION

DATES

CENTER

SUPERVISOR

References and Addresses:

Denominational: _____

Academic: _____

Other: _____

Attach to Application:

1. A reasonably full account of your life including important events and relationships with persons who have been significant to you, and the impact of these on your development. Describe your immediate family, your health, and your educational experience.
2. A discussion of the development of your religious life, religious organizations you have been affiliated with, your participation in the life and ministry of the church, your decision to enter the ministry, and other significant religious experiences.
3. A discussion of your work history, including a chronological list of positions and dates.
4. Frequency and duration of therapy, if any.
5. A description of an incident in which you were called on to help someone, the nature of the request, your understanding of the request and how you attempted to help.
6. Your impression of Clinical Pastoral Education (CPE) and your expectation of it. Indicate whether this CPE is required, and if so, by whom.
7. A description of any special needs you will have during CPE (i.e., housing, financial aid, transportation, disability considerations).
8. Copies of yours and Supervisor's evaluations of previous CPE (if any).
9. A recent photograph (optional).
10. An Admissions Interview by a CPE Supervisor or other qualified person. CPE Supervisors, seminary liaison professors, and regional directors may recommend interviewers.
Admissions Interview conducted by:

Name: _____

Address: _____

Signature of Applicant: _____

Social Security # : _____

Date: _____

Email Address: _____

SEND TO:

Department of Spiritual Care
Swedish Medical Center/First Hill
747 Broadway
Seattle, WA 98122-4307