

APPLICATION FOR CONGREGATION-BASED CLINICAL PASTORAL EDUCATION
AT THE SAMARITAN PASTORAL COUNSELING CENTER, North Tonawanda, NY
Accredited under the CATHOLIC HEALTH SYSTEM, Buffalo, NY
Accredited by the Association for Clinical Pastoral Education (ACPE)

RETURN TO: The Rev. Robert C. Spilman

363 Darwin Drive
Amherst, NY 14226

Tel. (716) 839-4316

E-mail: rcspilman@adelphia.net

1. Name _____

2. Address _____

Telephone (_____) _____ E-mail _____

3. Present Congregation _____

Address _____

Telephone (_____) _____ E-mail _____

4. Date of Birth _____

5. Education:

College _____ Dates _____ Major _____

Seminary _____ Dates _____ Major _____

Ordained (Date) _____

6. Denomination _____ Length of Pastoral Experience _____

ATTACH THE FOLLOWING ITEMS TO THIS APPLICATION:

1. A reasonably full account of your life including important events and relationships with persons, describing their impact on the shaping of your identity.
2. A discussion of the development of your spiritual life including spiritual experiences, your participation in the life of the church, and your decision to enter the ministry.
3. Describe how any significant challenge or loss in your life has impacted your awareness of self or others. Include an assessment of your current health and wellbeing.
4. State what you hope to learn in Congregation-Based CPE including your impression of and expectation for Clinical Pastoral Education.
5. List previous CPE experience, if any, and provide copies of evaluations, if available.
6. Application fee of \$40 payable to: Samaritan Pastoral Counseling Center.

Signature of Applicant _____

Date _____ Social Security No. _____

CPE unit applied for: Fall Class (Sept.-Jan.) _____ Extended Class (Nov.-June) _____