

**Jack C. Montgomery VA Medical Center
Chaplain Service #125, 1011 Honor Heights Drive
Muskogee, OK 74401
(918) 577-3861 or (918) 577-3942**

Application for Clinical Pastoral Education

Application for: Residency_____ Extended Community-Based:_____

Name_____ Date_____

Address_____

_____Telephone:_____

E-mail address_____

Denomination, Faith Group_____

Ordained/Licensed?_____ If so, when:_____

Present Position_____

Education

Degree/Date

College_____

Seminary_____

Graduate School/study_____

Any Completed Clinical Pastoral Education Units?

Center

Supervisor

Date

References

Academic Reference _____
City/State _____ Phone _____

Denomination/Faith Group/Church _____
City/State _____ Phone _____

Personal/Friend Reference _____
City/State _____ Phone _____

Please submit the following with this application. (Note: We expect at least 7 typed pages to cover the first five questions below)

- 1) A reasonably full account of your life, including important events, family of origin and how it impacts your current functioning, relationships with people who have been significant to you and how they contributed to your development.
- 2) A description of the development of your religious/spiritual life, including events and relationships that affect your faith, inform your current beliefs and/or your call to ministry.
- 3) A description of your vocation (work history), including a chronological list of the positions and dates.
- 4) An incident when you were called on to help someone. Please describe how you became involved, the "problem" as you understood it and how you responded. Evaluate the effectiveness of your response.
- 5) Your impression of Clinical Pastoral Education and your educational goals, including how CPE would be helpful in attaining those goals.
- 6) If you have completed units of CPE, please include yours and your supervisor's final evaluation(s).
- 7) An admissions interview is required. We will contact you after reading your materials.
- 8) Please attach a current resume

(Please mail your completed application to the address on the front of this form or e-Mail to: Edward.George@va.gov)