

Hillcrest Medical Center • Pastoral Care Department
Application for Clinical Pastoral Education

Unit Desired					
Unit: (Check One)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Summer	Fall	Spring	Residency	Year	

Applicant Information	
Name:	SS No.
Address:	Home Phone:
Email Address:	Other Phone:

Denomination/Faith Group Information	
Name of Religious Body	Conference, Presbytery, Diocese, Association, Synod, etc.
Ordained?	Date of Ordination

Education	Degree / Date
College:	
Seminary:	
Graduate Study:	

Previous Clinical Pastoral Education		
Dates	Center	Supervisor

References	
Denomination/Faith Group	
Name:	Designation:
Address:	
Email:	Phone:

Academic	
Name:	Designation:
Address:	
Email:	Phone:
Other	
Name:	Designation:
Address:	
Email:	Phone:

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. Be specific about the need as you understood it and about how you provided help, if possible, please include this in verbatim form.
4. A statement about why you want Clinical Pastoral Education. If you have specific ideas about what you would like to learn, include them.
5. **If you have had previous Clinical Pastoral Education**, please include copies of evaluations written by you and by your supervisor(s).

Signature of Applicant

Date

CPE Program, Pastoral Care
Hillcrest Medical Center
 1120 South Utica Avenue
 Tulsa, Oklahoma 74104
 918-579-6210/6230

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 & Psychotherapy, Inc.**
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