

CLINICAL PASTORAL EDUCATION PROGRAM

300 W. Huntington Drive, Arcadia, CA 91007-3402

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E-mail: cpeadmissions@med.usc.edu

Learn more about our program [HERE](#)

Name _____ Preferred Pronouns _____

Address _____

Phone _____ Emergency Contact & phone _____

E-Mail Address _____

Faith Group/Conference _____

Ordination/Year _____

EDUCATION Identify Institution, Location, Degree and Year

College _____

Seminary/ Graduate Study _____

PREVIOUS CLINICAL PASTORAL EDUCATION

Attach all previous CPE Final Evaluations written by you and by your Supervisor(s).

Dates	Center	Supervisor

REFERENCES (As part of the admissions process, you grant us permission to contact these individuals to request references regarding your participation in CPE.)

Denomination/Faith Group Representative _____

Address _____

Email: _____ Telephone _____

Academic Reference _____

Address _____

Email: _____ Telephone _____

Personal Reference _____

Address _____

Email: _____ Telephone _____

Attach your responses to the following questions in essay form:

- ☐ A reasonably full account of your life. Include important events and relationships as they have influenced your personal growth and development. Describe your family of origin, current family relationships, and important and supportive social relationships.
- ☐ A description of your spiritual growth and development. Include, for example, the faith heritage into which you were born and describe and explain any subsequent, personal conversions, your call to ministry, religious experiences, and significant persons and events that have influenced your spiritual growth and development.
- ☐ A description of your work (vocational) history. List positions/dates of employment and a brief statement about your current employment and work relationships.
- ☐ An account of a "helping incident." Include the nature and extent of the request, your assessment of the issue(s), problem(s), situation(s). Give a brief, evaluative commentary on what you did and how you believe you were able to help. *If you have had prior and recent CPE, please attach a copy of a recent verbatim as your 'helping incident'*
- ☐ Your impressions of Clinical Pastoral Education. Indicate what you believe or imagine CPE to be. Indicate any learning goals or issues of which you are aware and would like to address in CPE. How might CPE help you meet needs generated by your ministry or call to ministry.

A non-refundable application fee of fifty dollars (\$50.00) is required. You are able to pay online at this link here: [Application Fee Payment](#). If, however, you would like to pay by check or money order, please make it payable to the Spiritual Care Department, USC Arcadia Hospital to the address above. Once received, you will be contacted by a USC Arcadia CPE representative to schedule an online interview.

Admission is contingent upon the successful completion of a background investigation, Tuberculosis screening by our Occupational Health Department, and checking references.

Essential functions Chaplain Interns include:

- being at the Hospital from 8:30 a.m. through 5 p.m. Monday through Friday for Full-Time Units OR 20 hours per week, as assigned, for Extended Units.
- engaging in spiritual care that is respectful of persons of diverse faith traditions
- making pastoral visits, addressing and documenting spiritual needs in various clinical areas
- developing professional relationships with interdisciplinary staff on assigned units
- participating actively in individual supervision and group activities
- writing weekly process notes, papers and extensive self-evaluations during off-duty hours
- serving as the on-call chaplain which might include staying overnight at the Hospital

USC Arcadia Hospital will make reasonable accommodations to the physical or mental limitations of a disabled applicant identified before acceptance into the program, unless accommodations would create an undue hardship on the operation of the Hospital. Are you able to perform the essential functions of the position for which you are applying? YES ☐ NO ☐ ← Check One

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 have certified be false or misleading. I hereby give permission to the

USC Arcadia Hospital

Keck Medicine of USC

USC Arcadia Hospital CPE Center 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 I am sending this application electronically it constitutes my electronic signature.

Signature of Applicant

Date
