

**JACKSON MEMORIAL HOSPITAL
APPLICATION FOR CLINICAL PASTORAL EDUCATION**

APPLICATION FOR: _____ **Extended Unit (Spring Unit – February to June)**
 _____ **Summer Unit (June to August -Full Time, 11 to 12 Weeks)**
 _____ **Extended Unit (Fall Unit - August to February)**
 _____ **Residency Program (August to August)**

CURRENT CPE STANDING: _____ **Units of CPE Completed**
 _____ **Prospective CPE Student**
 _____ **Supervisor in Training**
 _____ **Supervisor Candidate**

Name _____

Present Mailing Address _____

_____ **Zip Code** _____ **Telephone ()** _____

Permanent Mailing Address _____

_____ **Zip Code** _____ **Telephone ()** _____

Denomination/Faith Group Affiliation _____

Association, Conference, Diocese, Presbytery, Synod _____

Present Position _____ **Ordained** _____ **Date** _____

EMAIL _____

EDUCATION

DEGREE

College _____

Seminary _____

Graduate _____

PREVIOUS CLINICAL PASTORAL EDUCATION:

Dates _____ **Center** _____ **Supervisor** _____

ATTACH TO APPLICATION

- A reasonably full account of your life, including important events, relationships with people who have been significant to you, and the impact these events and relationships have had on your development. Describe your family or origin, your current family relationships and your educational growth dynamics. (Minimum 3 pages, single-spaced)
- A description of the development of your religious and spiritual life, including events and relationships that affected your faith and currently inform your belief and your theology. (Minimum 3 pages, single-spaced)
- A description of the development of your work (vocation) history, including a chronological list of positions and dates.
- An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the “problem,” what you did, and a summary evaluation.
- Your impression of Clinical Pastoral Education and your educational goals, including how this training will be used to meet your goals for doing ministry.
- A nonrefundable application fee of \$25.00 payable to Jackson Health System.

THOSE WITH PREVIOUS CPE SHOULD COMPLETE THE FOLLOWING:

- Copies of previous supervisor’s CPE evaluations and your self-evaluations.
- What are some of the most significant learning experiences in your previous CPE?
- What are your professional goals and how do you plan to achieve them?

Applicant
Signature _____ Date _____

Social Security # _____

Send application directly to: **The Rev. Dr. Jacqueline D. Kelley**
 Jackson Health System
 1500 N.W. 12th Avenue
 Jackson Medical Towers, 12th Floor
 Miami, FL 33136

At Pastoral Care Services of Jackson Health Systems Main Campus, 1611 NW 12th Avenue, Miami, FL 33135, we offer three CPE units per year:

1. **Spring unit:** 1st Monday in February until 1st Monday in June (Monday’s only 8:00 AM to 4:30PM). Application deadline for this unit is the last week of September.
2. **Summer unit:** 1st Monday in June to the *end of first week* in August (Monday thru Friday 8:00 AM to 4:30PM). Application deadline for this unit is the last week of January.
3. **Fall unit:** 3rd Monday in August until 1st Monday in February (Monday’s only 8:00 AM to 4:30PM). Application deadline for this unit is the last week of May.

Although these are our deadlines, please call the office and inquire of possible openings.

Telephone (305) 585-2529 – Fax (305) 585-5033

Please make three copies of this reference form and have the three reference persons to mail or fax the form to Rev. Dr. Jacqueline Kelley

JACKSON HEALTH SYSTEM
Reference Form for Clinical Pastoral Education

Applicant's Name: _____

Will the applicant make good use of the CPE program and be able to participate at a profound and professional level?

What do you think are some of the applicant's strengths?

What are some areas of needed growth for the applicant?

Additional Comments:

Name _____ Signature _____
(Print)

Phone: _____ May we contact you if necessary? _____ yes _____ no

Please return form to:

Rev. Dr. Jacqueline D. Kelley
Pastoral Care Services
Jackson Health System
1500 N.W. 12th Avenue
Jackson Medical Towers, 12th Floor
Miami, FL 33136