



NORTHWEST ARKANSAS  
CLINICAL PASTORAL EDUCATION INSTITUTE

## Application Form Clinical Pastoral Education

Northwest Clinical Pastoral Education Institute, Inc.  
609 West Maple Ave., Springdale, Arkansas 72764  
479-757-4271

[www.nwacpe.org](http://www.nwacpe.org)

**Unit Desired: (check one) . . . .**

Extended Unit: \_\_\_\_\_ January – June 20\_\_

\_\_\_\_\_ June – December 20\_\_

Summer Unit: \_\_\_\_\_ June – August 20\_\_

### Applicant Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

### Denomination/Faith Group Information

Name of Religious Body: (Conference, Presbytery, Diocese, Association, Synod, etc.)

\_\_\_\_\_

Ordained: \_\_\_\_\_ Yes \_\_\_\_\_ No

## Education

College: \_\_\_\_\_ Degree: \_\_\_\_\_  
Seminary: \_\_\_\_\_ Degree: \_\_\_\_\_  
Graduate Study: \_\_\_\_\_ Credit Hours Completed: \_\_\_\_\_

## Previous Clinical Pastoral Education

Number of Units Completed: \_\_\_\_\_  
Center Supervisor(s): \_\_\_\_\_

## References and Addresses

Denomination/Faith Group: \_\_\_\_\_  
Academic: \_\_\_\_\_  
Other: \_\_\_\_\_

## Application Attachments

1. Three “stories” (one-half to one page each) of important events/people/memories in your life which triggered a life-change for you.
2. A religious and spiritual autobiography (two pages) which includes information about any position(s) you may have held in your faith group.
3. A specific account (one-half to one page) of a time when you helped someone. Identify the need and the steps you took in provided help.
4. A statement on why you are seeking Clinical Pastoral Education and state specific ideas about what you would like to learn from this training.
5. If you have had previous CPE, include a copy of your most recently completed unit written by you and by your supervisor(s).

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_