



Application for:

**Part-Time Programs:** (Hybrid classes with in-person clinical curriculum at an affiliated AdventHealth Hospital)  
West Florida: Hillsborough/Pinellas/ Marion/Sumter/Hernando/Pasco/ Polk/Hardee/Desoto/Highlands/ Charlotte/Port Charlotte

\_\_\_\_\_ Spring (January – April)                      \_\_\_\_\_ Fall (August-December)

**Summer Intensive Program:** (Hybrid classes with in-person clinical curriculum at affiliated AdventHealth Hospital)  
West Florida: Hillsborough/Pinellas/Marion/Sumter/Hernando/Pasco/ Polk/Hardee/Desoto/Highlands/Port Charlotte

\_\_\_\_\_ (May/June- Aug./Sept.)

**CPE Residency:** (Hybrid classes with in-person clinical curriculum at an affiliated AdventHealth Hospital beginning Aug./Sept. each calendar year)

\_\_\_\_\_ Tampa (Hillsborough/Pinellas/Pasco)  
\_\_\_\_\_ Polk/Highlands (The Heartland of FL/Sebring)  
\_\_\_\_\_ Port Charlotte

Personal Information (please print legibly)

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

Date of Birth: \_\_\_\_\_ Place of Birth (Country/State/City): \_\_\_\_\_

Visa Status (if applicable) \_\_\_\_\_ Primary Language: \_\_\_\_\_

Other Languages Spoken: \_\_\_\_\_

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

Telephone: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Preferred Personal E-mail Address: \_\_\_\_\_

Faith Group Affiliation/Denomination: \_\_\_\_\_

Ordained \_\_\_\_ Yes (Date \_\_\_\_\_) \_\_\_\_ No                      Commissioned/Licensed \_\_\_\_ Yes (Date \_\_\_\_\_) \_\_\_\_ No

Education

College: \_\_\_\_\_ Degree/yr. Achieved: \_\_\_\_\_

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

Seminary: \_\_\_\_\_ Degree/yr. Achieved: \_\_\_\_\_

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

Previous CPE Experience

<u>Date</u>	<u>Center</u>	<u>Supervisor</u>	<u>Accredited by</u>
_____	_____	_____	___ ACPE ___ CPSP ___ Other
_____	_____	_____	___ ACPE ___ CPSP ___ Other
_____	_____	_____	___ ACPE ___ CPSP ___ Other

References (no relatives)

1. Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone number: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

2. Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone number: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

3. Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone number: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Attach the following written essays with this application:

1. A reasonably full account of your life, including important events, relationships with people who have been significant to you, a description of your family of origin as well as your current family relationships. This account should also reflect emotional dynamics that provide an indication of how events and relationships have impacted your learning and personal development. **(3- page minimum; 5-page maximum)**
2. A description of the development of your spiritual life, including events and relationships that have impacted your faith journey and those that currently inform your belief systems. (3-page maximum)
3. A description of the development of your work (vocation) history, including a chronological list of positions held and the dates they were held. (a narrative descriptive resume is acceptable for this requirement)
4. A **recent** account of an incident in which you were called upon to help someone in crisis. This account should include: The nature of the crisis and the request, your assessment of the crisis, what you did/how you responded, a summary evaluation of your response. (5-page maximum)
5. Your impression of Clinical Pastoral Education (CPE) and your understanding of how this program will help you meet your educational goals for ongoing or future ministry. (2-page maximum)

6. If you are an international applicant, you will have to obtain appropriate documentation from U.S. Immigration, which usually includes a visa and a US Social Security Number. International applicants should have such documentation approved at least six (6) months prior to the start of the program to which they are applying. We do not assist with this process and if it is not completed in time, you will be disqualified from participating in the unit.
7. An admissions interview with an ACPE certified educator will be required as part of the process to determine acceptance.
8. Application Fee: \$40 non-refundable (application will not be considered until Application Fee is received) Credit card payments may be made by emailing [stephenie.maddoxhill@adventhealth.com](mailto:stephenie.maddoxhill@adventhealth.com).

**\*\*For Applicants with Previous CPE Experience, Please Submit the Following in addition to #1-6 above:**

9. Copies of all previous ACPE Certified Educator Final Evaluations and all Self Final Evaluations
10. In lieu of #4 (above), provide a recent verbatim and include what you learned from the group discussion in the reflection section. If your previous CPE experience was more than one year ago, provide a new verbatim.

*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've certified with my signature below be false. I hereby give permission to the ACPE, Inc. accredited center to which I am applying 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 in sending in this application electronically it constitutes my electronic signature.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Instructions for Submission:

Complete and send this application and all supporting materials as a MS Word or .pdf document to:  
**[Stephenie.MaddoxHill@AdventHealth.com](mailto:Stephenie.MaddoxHill@AdventHealth.com)**

No application will be considered complete or reviewed for consideration until all required material  
and the application fee is received.

Tuition rate for CPE at AdventHealth Program and all components is:

**\$600 for the first Intern or Intensive unit with AdventHealth; \$300 per each subsequent or Resident unit of CPE with AdventHealth.**

- A unit of CPE is a minimum of 400 **contact** hours of classroom and clinical curriculum education
- CPE at AdventHealth is a learning community consisting of ACPE Certified Educators and Certified Educator Candidates – your unit may be supervised by someone within either of these positions; in accordance with ACPE, Inc. Accreditation and Certification Standards
- Note: All Applicants accepted into CPE at AdventHealth will undergo a Criminal and Background Check, drug screening, and are required to provide documentation supporting current vaccination requirements. Participation in CPE at AdventHealth is contingent on a clearance from AdventHealth Human Resources to provide care as a student in the hospital setting.
- Anyone can apply for a Level IA unit of CPE. However, only those with a Bachelor's degree or higher will be allowed to take additional units with this CPE program

AdventHealth West Florida CPE Program is accredited for Level 1, Level 2 and Certified Educator CPE by:  
ACPE, Inc.-The Standard for Spiritual Care and Education 1 Concourse Pkwy, Suite 800, Atlanta, GA 30328 - 404-320-1472 [www.acpe.edu](http://www.acpe.edu)