



**Mercy**  
**Pastoral Education Center**  
1235 E. Cherokee  
Springfield, MO 65804  
417-820-7061  
[www.mercy.net/cperesident](http://www.mercy.net/cperesident)

## Tips for CPE Applications

We appreciate your interest in submitting a CPE application to Mercy. To streamline the process, we request that you adhere to the following guidelines:

### 1. Application Fee

- Submit your \$25 application fee to  
Clinical Pastoral Education  
Mercy Hospital 5-H  
1235 E. Cherokee  
Springfield, MO 65804
- We accept cash, checks, money orders, or cashier's checks payable to *Mercy Hospital CPE*.

### 2. Submission via Email to [mercy\\_cpe@mercy.net](mailto:mercy_cpe@mercy.net) (Preferred)

- If you submit your application by email, please combine documents into a single PDF file.
- Use the CPE Application Checklist as a reference.
- Send the application fee separately by postal mail. We do not require application fees for those requesting an online unit with a clinical site at a non-Mercy location because we cannot guarantee that an opening will be available.

### 3. Submission via Postal Mail

If you submit your application by mail, please do not print double-sided, and do not staple your documents.

### 4. Writing Requirements

- When addressing each requirement on the ACPE application, please carefully follow the instructions.
- Include the title of each section and keep in mind that CPE is graduate-level education.

### 5. Formatting Guidelines

A font size of 12, with double-spacing, is appreciated for your application responses.

### 6. Incomplete applications

- If time allows, those with incomplete applications will be notified and given the opportunity to resubmit.
- E-signatures are accepted.

Should you have any further questions, concerns or suggestions, please do not hesitate to contact us at [mercy\\_cpe@mercy.net](mailto:mercy_cpe@mercy.net).



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## CPE Application Checklist

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Item	Included
Application Fee <i>\$25.00, make check payable to Mercy Hospital CPE</i>	
Application Signed and Dated <i>E-signatures accepted</i>	
Account of Your Life <i>2-3 pages</i>	
Spiritual Growth and Development <i>2-3 pages</i>	
Description of Work (vocational) History	
Account of Helping Incident <i>Those with previous CPE must submit a recent verbatim</i>	
Impressions of Clinical Pastoral Education <i>1-2 pages</i>	
Final Self Evaluation <i>Residents and Interns with previous CPE units</i>	
Educator's Final Evaluation <i>Residents and Interns with previous CPE units</i>	
Resume or CV	

### Definition of terms

*Spiritual/Values-Based Orienting System:* for some this may be a religious tradition (Christian, Jewish, Islam, Buddhism, etc.), some may have a Humanist perspective or other practice or belief system. CPE is open to all who meet the educational requirements and desire to engage the process.

*Denomination/Endorsing Body/Community of Affirmation:* this is a more specific expression of the spiritual/values-based orienting system (Catholic, Baptist, Reformed, Orthodox, Sunni, Shia, etc. or the community with whom you practice and in whom you find support). It may also be your religious order.

## Application & Instructions for CPE

**Please respond to each of the following items. Your typed responses on separate pages would be appreciated.**

1. Please complete the attached form and email to [mercyype@mercy.net](mailto:mercyype@mercy.net). Please send as attachments rather than links to a cloud drive. Read instructions carefully before submitting. International applicants have additional requirements and deadlines. You may want to make a copy of a blank form before entering any data.
2. A reasonably full account of your life. Include, for example, significant and important persons and events, especially as they have impacted, or continue to impact, your personal growth and development. Describe your family of origin, current family relationships, and important and supportive social relationships.
3. A description of your spiritual growth and development. Include, for example, the Spiritual/Values-Based Orienting System into which you were born and describe and explain any subsequent personal conversions, your call to spiritual care, religious or spiritual experiences, and significant persons and events that have impacted, or continue to impact, your spiritual growth and development.
4. A description of your work (vocational) history. Include a chronological list of jobs/positions/dates of employment and a brief statement about your current employment and work relationships.
5. An account of a "helping incident" in which you were the person who provided the help. Include the nature and extent of the request, your assessment of the issue(s), problem(s), situation(s). Describe how you came to be involved and what you did. 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' and add to the verbatim your own notes on how and what you learned from sharing this verbatim with your educator and/or peers. If you have had CPE, but it was more than two years ago, include a recent account of a helping incident, written up in a verbatim format. If possible, include feedback from current spiritual care colleagues and/or administrative supervisor.*
6. Your impressions of Clinical Pastoral Education. Indicate, for example, what you believe or imagine CPE to be. Indicate if CPE is being required of you. Indicate any learning goals or issues of which you are aware and would like to address in CPE. Finally, indicate how CPE may be able to help you meet needs generated by your spiritual care practice or call to leadership in a theological, spiritual, or values-based system. *If you have had prior CPE, please indicate the most significant learning experience you had during CPE. State how you have continued to use the clinical method since your previous experience. Indicate strengths and weaknesses that you have as they relate to your spiritual care practice and your identity as a professional person. Indicate any personal and/or professional learning goals and issues that you have at this time and how you believe that CPE will help you to attain or address these learning goals and issues*
7. You are required to complete an admissions interview with an ACPE Certified Educator, or a person approved by the program to which you are applying, or at the program to which you are applying. Contact the program to check on their policy regarding admission interviews.
8. The application fee for CPE at Mercy is \$25 (waived for applicants for online CPE with non-Mercy clinical sites). The fee is payable by check to **Mercy Hospital CPE** and should be mailed to **Clinical Pastoral Education, Mercy Hospital-5H, 1235 E. Cherokee, Springfield, MO 65804**.
9. If you are an **international applicant**, you will have to obtain appropriate documentation from U.S. Immigration, which usually implies a visa and a US Social Security Number. Therefore, international applicants should have such documentation approved at least six (6) months prior to the start of the program to which they are applying.
10. An applicant with prior CPE should attach all previous self and educator evaluations and your signature below indicates you give permission for your previous CPE programs to release your evaluations for purposes of this application process.
11. Retain your own copy of this completed application and bring it with you to any interview for CPE.
12. Please attach a current resume.

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 be false. I hereby give permission to the ACPE program to which I am applying to access my CPE evaluations and contact previous educators about matters pertaining to this current application, and I consent for those contacted to provide the information sought. I verify that if sending in this application electronically it constitutes my electronic signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Application for CPE

Print or type responses and email completed application to **mercycpe@mercy.net**.

Applying for:  Fall       Winter       Spring       Summer       Residency       Extended Unit

Check all that apply and provide additional information as needed

Earliest date you can begin: \_\_\_\_\_

Mercy Springfield       Mercy Oklahoma City       Mercy St. Louis       Mercy South (St. Louis)       Other Mercy Site

Virtual: Name and Location of Clinical Site \_\_\_\_\_

### Directory Information

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

U.S. Citizen:    Yes    No    If offered admission, can you verify your legal right to work in the U.S.?    Yes    No

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Country & Postal Code \_\_\_\_\_ Email: \_\_\_\_\_

Day Tel.: \_\_\_\_\_ Alt Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Permanent address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

ZIP: \_\_\_\_\_ Country: \_\_\_\_\_ Alt Email: \_\_\_\_\_

Spiritual/Values-Based Orienting System: \_\_\_\_\_

Denomination/Endorsing Body/Community of Affirmation (if applicable): \_\_\_\_\_

Name of Local Community: \_\_\_\_\_

Ordained/Licensed/Appointed/Affirmed: \_\_\_\_\_ Date: \_\_\_\_\_

College: \_\_\_\_\_ Degree/Date: \_\_\_\_\_

Grad Schl: \_\_\_\_\_ Degree(s)/Date(s): \_\_\_\_\_

Prior CPE Dates:	Program	Educator
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Academic Reference** (Name/Title): \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**Spiritual/Values-Based Orienting System Reference** (Name/Title): \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**Personal Reference** (Name/Relationship): \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_