



**US Army Medical Department Center and School  
(AMEDDC&S)**  
A fully accredited system to offer Level I, II, and  
Supervisory Education Student Training by the Association  
for Clinical Pastoral Education, Inc.



**Application for Clinical Pastoral Education Resident (5G-CPE-7R)**

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

Present Mailing Address:

Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (work, cell, home): \_\_\_\_\_

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

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

Association, Conference, Diocese, Presbytery, Synod: \_\_\_\_\_

Present Position/Unit of Assignment: \_\_\_\_\_

**EDUCATION:**

**Degree**

College: \_\_\_\_\_

Seminary: \_\_\_\_\_

Graduate: \_\_\_\_\_

**PREVIOUS CLINICAL PASTORAL EDUCATION:**

<b>Dates</b>	<b>Supervisor</b>	<b>Center</b>
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Last 4 of SS # \_\_\_\_\_.



## US Army Medical Department Center and School (AMEDDC&S) Application for Clinical Pastoral Education Course 5G-CPE-7R

Submit all written documents Arial 12 pitch font and double-spaced. Length of each document is prescribed, no more or no less.

Provide along with the initial application page the following documents:

1. A reasonably full account of your life, including important events, relationships and the impact of these events and relationships have had on your development. Describe your family of origin, your current family relationships, and your educational growth dynamics (how you learn). **[5-7 Pages]**
2. A description of the development of your religious life, including events and relationships that affected your growth and currently form your belief system. **[3 – 5 Pages]**
3. A description of the development of your work (vocation) history, including a chronological list of positions and dates (both civilian and military.) **[1 – 2 Pages]**
4. An account of an incident in which you were called to help someone, include the nature of the request, your assessment of the “problem”, what you did, and a summary evaluation. **[3 Pages]**
5. Your impression of Clinical Pastoral Education and your education goals (what you intend to learn), including how this training will be used to meet these goals. **[2 Pages]**
6. What are your personal and professional goals, and how will your continued training aid that process?  
[2 Pages]
7. Your latest Officer Record Brief.

**Admissions Interview:** Upon receipt of your application we will set up an interview by an Army CPE Supervisor or Supervisor-in-Training. Although most CPE residency programs require personal interviews, if you are not near one of the Army CPE training locations, a telephonic interview will meet the interview requirement. Upon the receipt of your packet, you will be contacted to arrange your admissions interview.

If you have previous units of CPE, scan and email your evaluations and supervisors evaluations along with your application. If you are unable to access those materials by the deadline, send the incomplete application to us. If you are unable to scan and email your application, fax it to the number listed below.

E-MAIL PACKET TO: [usarmy.jbsa.medcom-ameddcs.mbx.ameddcs-dpmt-training@mail.mil](mailto:usarmy.jbsa.medcom-ameddcs.mbx.ameddcs-dpmt-training@mail.mil)

For more information, contact the Command Chaplain

Telephone: (210) 221-8609/8721, DSN: 471- 8609/8721

Fax: 210-221-8387, DSN 471-8387