

CAROLINA INSTITUTE FOR CLINICAL PASTORAL TRAINING

5203 Sharon Road
Charlotte, North Carolina 28210
704-554-9900

CLINICAL PASTORAL THERAPY PROGRAM

APPLICATION FOR ADMISSION

Date of Application _____

Name _____

Address _____

Phone Numbers: Home _____ Office _____

E-mail Address: _____

Current congregational or institutional position _____

Date of Birth _____ Marital Status _____

Children and Ages _____

Education:

College _____ Dates _____ Degree _____

Seminary _____ Dates _____ Degree _____

Graduate _____ Dates _____ Degree _____

Denomination _____

Ordination/Endorsement Date (if applicable) _____

Previous Ministry Experience (location, position, dates) _____

ATTACH THE FOLLOWING ITEMS TO THIS APPLICATION:

1. A reasonably full account of your life, including childhood and training, religious development up to the present time, family of origin, health, educational experience, and professional goals.
2. A brief self-evaluation of your personality, listing strengths and weaknesses.
3. List any previous clinical training experiences (if applicable) and attach copies of your supervisor's evaluations, both CPE and AAPC.
4. A statement of your reasons for desiring clinical training in pastoral care.
5. A recent photograph.
6. Transcripts of all degrees earned.
7. A letter stating that the applicant is in good standing in a recognized religious body which endorses his/her pastoral care.
8. A letter corroborating the applicant's continuous relationship with a local religious community.
9. Non-refundable application processing and interview fee of \$50 made payable to CICPT.

Signature of Applicant