



Clinical Pastoral Education/Training

Class Description and Schedules

BASIC UNIT COURSE

Basic CPE is professional education for ministry that focuses on the formation of one's identity as a pastoral care giver and the development of basic pastoral care skills (listening, theological reflection, psycho-social and cultural competency, personnel and inter-personnel awareness).

Summer Intensive CPE Program (40 Hours per Week, 10 weeks)

- June through August

Application and Registration Materials

There is limited enrollment for the CPE/T program. Early applications have a competitive edge. Applicants are urged to submit all materials at least 90 days before the program's start date. Interviews occur 45-60 days prior to program start dates.

Medical clearance and completion of Hospital Orientation must be completed before the program's start date.

Contact Spiritual Care Services Department

Clinical Pastoral Education/Training Program

Mount Sinai South Nassau

1 Healthy Way

Oceanside, NY 11572

Attn: The Rev. James E. Steward II, Director of Spiritual Care Services and Education

516-632-4586

James.StewardII@snch.org



CPE/CPT Application Process

1. In accordance with CPSP application process, a completed application is submitted to the Rev. James E. Steward II, Director of Spiritual Care Services and Education at Mount Sinai South Nassau along with a non-refundable bank check or money order in the amount of \$50 made payable to Mount Sinai South Nassau in the memo CPE/T Fees. No personal checks will be accepted.
2. An interview with the CPE/T Program Supervisor Rev. James E. Steward II shall be conducted at an agreed upon time and location. Applicants must bring a legal photo ID (*passport, driving license, etc*) to the interview.
3. Applicants will be informed of the status of their applications usually after interview is complete. Upon successful application, applicants will then be subject to a background check, credit check, complete medical clearance and hospital orientation to participate in CPE/T program.
4. CPE/T Applicants will be required to complete the 2 day Hospital Orientation prior to starting the program. The 2 day Hospital Orientation takes place on various Mondays and Tuesdays throughout the year (*you will be notified about this*). (*Hospital Orientation is from 9 AM-5PM Monday and 9 AM-5PM Tuesday.*)

Mount Sinai South Nassau CPE/T does not discriminate against any individuals for reasons of race, color, national origin, gender, age physical disability, sexual orientation, faith group or military status. Equal access to education opportunities is extended to all qualified persons based on program availability.

This policy, notwithstanding, all CPE/T Chaplains accepted into CPE/T shall be able, with reasonable accommodation, to physically perform the duties as a CPE/T Chaplain.

The CPE/T Chaplain needs to sustain sufficient physical and emotional health to deliver appropriate spiritual care to those he or she encounters as well as meet the other program requirements. The trainee must demonstrate a capacity to endure and cope with moderate amounts of chaos that accompany normal parts of institutional culture of varied settings.



**Department of Spiritual Care Services
Clinical Pastoral Education/Training Program**



Excellence in Training for Competent Compassionate Pastoral Care

APPLICATION FOR CLINICAL PASTORAL EDUCATION/TRAINING

Name: _____ Date of Birth: _____

Office Address: _____
Street Town State Zip Code

Home Address: _____
Street Town State Zip Code

E-mail Address: _____

Work Tel: _____
 Home Tel: _____
 Cell Phone: _____

Applicant's Social Security Number: _____

Marital Status: _____

Children: _____

Ages _____

Faith Group/Denominational Affiliation: _____

Association/Conference/Diocese/Synod/Presbytery: _____

Current Professional Position: _____ Are you ordained? _____ If "yes", give date: _____

	<u>EDUCATION</u>	<u>DEGREE</u>	<u>DATE</u>
College: _____	_____	_____	_____
Seminary: _____	_____	_____	_____
Graduate Study: _____	_____	_____	_____

PREVIOUS CLINICAL PASTORAL EDUCATION OR OTHER SUPERVISED CLINICAL TRAINING

Dates	Center	Supervisor
_____	_____	_____

CHARACTER REFERENCES & ADDRESSES (Please include zip codes)

	<u>NAME</u>	<u>OCCUPATION</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
Denominational: _____	_____	_____	_____	_____
Academic: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____



ADDITIONAL INFORMATION

How did you find out about this position? _____

Were you referred by a current or former CPE/T Trainee? If yes, who? _____

What days are you available to do CPE/T Chaplain clinical assignments? _____

What days can't you do CPE/T Chaplain clinical assignments? _____
(we will do our best to accommodate this but there are no guarantees)

Can you show proof that you are legally eligible to work in the United States? _____

Have you ever been employed or a volunteer at Mount Sinai South Nassau? _____

If yes, what Dept. _____ Position _____ Dates _____

Do you have any relatives currently employed, volunteering, or doing CPE/T at Mount Sinai South Nassau? _____

Have you ever previously applied for CPE with Mount Sinai South Nassau? _____ If yes, when _____

Have you ever been convicted of a Criminal Offense and/or are there any criminal proceedings pending against you? (An affirmative response will not automatically exclude anyone from consideration for CPE Training Program.) _____

If yes, explain circumstances and final disposition. _____

Has your participation as a provider in any governmental program (e.g. Medicare or Medicaid) ever been suspended, restricted, terminated, or not renewed? _____

If yes, explain circumstances and final disposition. _____

What languages do you speak, write, or read fluently? _____

Do we need any additional information about your name to verify your employment or education records? _____ If yes, what? _____



READ & SIGN

IMPORTANT: PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS APPLICATION

By signing this application, I understand that any CPE assignment I may have with Mount Sinai South Nassau is at will and may be terminated at any time with or without cause and without prior notice at the option of Mount Sinai South Nassau or, upon appropriate notice, by myself. I also understand that neither this application nor any communication by a Hospital employee or representative is intended to create or creates a contract of employment or a warranty of benefits. I understand that CPE/T at Mount Sinai South Nassau is contingent upon satisfactory references and background check, and my passing a medical examination, including a drug test. Candidates who fail to pass a drug test will not be offered the opportunity to do CPE/T at Mount Sinai South Nassau.

I hereby authorize Mount Sinai South Nassau to make any investigation into my background, including obtaining a consumer report and/or an investigative consumer report, verify all of the information contained in this application and its attachments to the extent permitted by applicable law. I understand that the references listed on this application are authorized to give Mount Sinai South Nassau any and all information, personal or otherwise, that they have concerning me. I release all persons or entities from any and all liability for any damage that may result from their furnishing information to Mount Sinai South Nassau. I also release Mount Sinai South Nassau and all of its employees from any and all liability for any damage that may result from Mount Sinai South Nassau's reliance upon or disclosure of the information furnished.

I agree to conform to Mount Sinai South Nassau's rules and regulations, and I understand that such rules and regulations may be modified at any time Mount Sinai South Nassau determines this to be necessary. I understand that Mount Sinai South Nassau provides seven (7) days of public service each week, twenty-four (24) hours each day, and that I may be required to work on weekends, holidays, evenings, and/or nights.

I attest and swear that the above information is complete and true to the best of my knowledge. I understand and agree that the discovery of any misrepresentation or omission in this application may prevent me from becoming a CPE/T Chaplain.

My typed name below shall have the same force and effect as my written signature.

Candidate's/Applicant's Signature _____

Date _____

Mount Sinai South Nassau is an equal opportunity employer. Applicants are considered for all types of positions without regard to race, color, religion, sex, national origin, age, or any other basis prohibited by law.



ATTACH THE FOLLOWING ITEMS TO APPLICATION

1. A **reasonably full account of your life**, including important events and relationships with persons who have been significant to you and the impact of these events and relationships has had on your development. Describe your family of origin, your current family relationships, and your educational growth dynamics.
2. A **description of your religious life**, including events and relationships that affected your faith and currently inform your belief systems.
3. A **description of your (vocation) history**, including a chronological list of positions & dates.
4. A **description of an incident in which you were called to help someone**, including the nature of the request, your assessment of the "problem", what you did, and a summary evaluation. If you have had previous CPE include this information in verbatim form.
5. Your impression of your previous clinical pastoral training(s) [i.e., clinical pastoral education and/or other supervised clinical training experiences], if any. What are your impressions and expectations of the program to which you are seeking admission? How will this training be used to further your goals for doing ministry? Indicate if this training is required of you, and if so, by whom.
6. A description of any special needs you will have during the training (disability, financial, etc).
7. Application fee of \$50.00. Non-refundable. Sent with application. Make money order payable to 'Mount Sinai South Nassau Spiritual Care Services Department CPE/T Program.
8. Legal Photo ID (*passport, drivers license, etc.*) and a recent photograph (*required*).
9. An "Admissions Interview Report" by a CPE/T Supervisor or other qualified person.

Admissions Interview conducted by: Name: _____

Address: _____

THOSE WITH PREVIOUS C.P.E. SHOULD COMPLETE THE FOLLOWING

10. Copies of previous C.P.E. evaluations written by you and your supervisor.
11. What was the most significant learning experience in your previous C.P.E. and how have you continued to work in this learning method? Illustrate your strengths and weaknesses as a professional person.
12. What are your personal/professional goals and how will continued training aid that process?
13. Documentation of Faith Group Endorsement (Required only for Supervisory CPE applicants)

APPLICATION FOR: [Check () as applicable]

PART-TIME EXTENDED CPE/T UNIT: ___ FULL-TIME SUMMER CPE/T INTENSIVE ___

EARLIEST DATE YOU CAN BEGIN: _____

Date: _____ Signature of Applicant: _____

Mount Sinai South Nassau does not discriminate on the basis of age, gender, physical disability, race, national origin, religion or political belief in any of its educational programs and activities, including employment practices and its policies relating to recruitment and admission of CPE/T Chaplains.

Motto: "Excellence in Training for Competent, Compassionate Pastoral Care"