



*Application for Clinical Pastoral Education Supervisor*

## **Instructions**

### **New Certification**

1. Use the checklist below to assemble the required documentation
2. Complete the entire application.
3. Assemble the documentation as shown in the checklist below.
4. Submit the completed application packet in its entirety to [administration@clinicalpastoraled.org](mailto:administration@clinicalpastoraled.org) (preferred method). **Incomplete applications will not be processed and will be returned.**
5. Submit the appropriate fee:
  - a. **Interview Fee:** \$250.00 per certification desired.
  - b. **Returned Check Fee:** \$50.00.  
To submit the fee either call (407) 218-6481 ext. 803 to pay by card by phone or send a check (made out to ICPT) to: ICPT, PO Box 620822, Orlando FL 32862-0822.

### **Reciprocal Supervisor Candidates**

1. Those applying for reciprocal certification must follow the same procedures for “New Certification”.
2. Fee Schedule:
  - a. **Interview Fee:** \$250.00
  - b. **Returned Check Fee:** \$50.00

### **Checklist for All Supervisor Candidates**

1. Documentation of existing CPE SIT units (not needed if the units were taken under ICPT or APCC).
2. Documentation of existing certification(s) (if applying for reciprocation).
3. Evidence of a Master of Divinity degree or equivalent (equivalency is determined by ICPT).
4. Evidence of current Board Certification as a Chaplain or Pastoral Counselor from an entity listed by COMISS.
5. A brief autobiography (no more than 2 pages) outlining your journey through faith.
  1. A paper of 2-3 pages outlining your thoughts on CPE supervision in light of your faith
  2. A *Curriculum Vitae* demonstrating a minimum of 2000 hours of pastoral experience.

## Application for CPE Supervisor

### Section I - Personal Information

First Name (given):	Middle Initial:	Last Name (surname):	Suffix (Jr., Sr., etc):
Street Address:			
Street Address 2:			
City:	State:	Zip/Postal Code:	Primary Phone Number:
E-Mail:			
Felony Conviction: (If yes, please provide details on a separate page.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Section 2 - CPE SIT Units to be Recognized

Date Completed (m/yyyy):	Unit Type:	Affiliation:

Attach additional pages if necessary. Only units from ACPE, CPSP, or SCA/HCCN qualify for automatic recognition. All others are on an exception basis.

**Section 3 – Certifications to be Reciprocated**

Affiliation (BCI, CPSP, Etc.):	Certification Earned:	Date Earned (m/d/yyyy):

Attach additional pages if necessary. Only certifications from BCI and CPSP are recognized for reciprocity. All others are on an exception basis and may have additional requirements

**Section 5 – Employment**

Current Employer/City, State:	Position:	Dates:
Previous Employer/City, State:	Position:	Dates:

**Section 6 – Scholastic**

Highest Degree Obtained:

Masters <input type="checkbox"/>	Doctorate <input type="checkbox"/>
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Where Was that Degree Obtained?

School	Degree	Major	Date Awarded (m/yyyy)

Sign and date below. To sign electronically type “I agree” and your initials.

By my signature below (either electronically or in writing), I affirm that all information contained herein is truthful and current. I understand that falsifying my application will result in disciplinary action.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Electronic Signature (initials): \_\_\_\_\_

Reviewed and Accepted: For ICPT: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_