|  |
| --- |
| **UNIT BEING APPLIED FOR:**  |
| [ ]  2023 Fall Extended 2 days per week September 11, 2023 to February 21, 2024  Application deadline August 1, 2023[ ]  2024 Spring Extended 2 days per weekMarch 24, 2024 to August 20, 2024  Application deadline February 4, 2024 | [ ]  2024 Fall Extended 2 days per weekSeptember 16, 2024 to February 25, 2025  Application deadline August 11, 2025[ ]  2025 Spring Extended 2 days per weekMarch 17, 2025 to August 19, 2025  Application deadline February 7, 2025 |

|  |
| --- |
| Level of CPE being requested: [ ]  1st Basic [ ]  2nd Basic [ ]  3rd Basic  [ ]  1st Advanced [ ]  2nd Advanced [ ]  3rd Advanced |
| If "Advanced" please include Step 2/3 Report Forms from any previous consultation or certification appearances or the scheduled date of your consultation meeting regarding readiness to train at the Advanced Level (Note: this consultation must occur within the first 100 hours in order for that unit to be eligible for consideration as Advanced). |

|  |
| --- |
| **PERSONAL INFORMATION****All information collected below will be used for the sole purpose of the CPE Application and selection process. Applications of those not selected will be kept on file for one calendar year.** |
| Name: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | Province: Click or tap here to enter text. | Postal Code: Click or tap here to enter text. |
| Telephone (Work): Click or tap here to enter text. | Telephone (Home/Cell): Click or tap here to enter text. |
| Present Occupation: Click or tap here to enter text. |
| Religion/Faith: Click or tap here to enter text. |
| For advance level applicants only, please indicate if your religious/faith community has endorsed, designated, ordained or appointed you to be a leader who provides spiritual and religious care: |  [ ]  Yes [ ]  No |
| Date of Endorsement/Ordination/Appointment (For advance level only, if applicable): Click or tap here to enter text. |

|  |
| --- |
| **EDUCATIONAL INFORMATION (most recent first)** |
| Institution | Address | Years Attended | Degree Received |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Will this CPE unit be part of your current academic program? [ ]  Yes [ ]  NoIf yes, please identify the program and institution: Click or tap here to enter text.Please indicate all languages in which you are fluent:In speaking: Click or tap here to enter text.In writing: Click or tap here to enter text.Please describe the state of your current health and identify anything you think we should know that may limit or affect your participation in a Clinical Psychospiritual Education program.Click or tap here to enter text. |

|  |
| --- |
| **PREVIOUS CLINICAL PSYCHOSPIRITUAL EDUCATION:** (Please list information for each unit of CPE including those units which you did not complete) |
| CPE Centre Name and Address | Dates | Supervisor |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Note: Please include with your application a copy of your self-evaluation and your supervisor's evaluation for each unit completed. |

|  |
| --- |
| **WORK EXPERIENCE (most recent first)** |
| Employer | Address | Position | Years Employed |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| **LETTERS OF REFERENCE** |
| Name | Telephone Number | Email Address | Relationship To You |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

I hereby certify that the information given in this application is true to the best of my knowledge and authorize the release of information reasonably required to evaluate my readiness and suitability for the program(s) of Clinical Psychospiritual Education identified in this application.

|  |  |
| --- | --- |
| Signature:  | Date: Click or tap here to enter text. |
| Printed Name: Click or tap here to enter text. |

|  |
| --- |
| **ADDITIONAL MATERIALS REQUIRED** |
| Please provide the following materials:1. An autobiographical description which includes the following (approximately 7-10 pages in total):
* Significant events in your family, marital/relational, and social history including a description of those relationships, which have the most significance for you.
* Highlights in your spiritual development including a description of your relationship(s) with religious groups/faith traditions with which you have identified.
* A reflective description of how you see yourself including your understanding of the dynamics, which have been at work in your personal development.
* A professional/employment history, including factors, which led to career and vocational changes.
* A descriptive statement outlining your gifts for ministry, as identified by you and others.
1. A statement of your reasons for seeking Clinical Psychospiritual Education at this time in which you identify how CPE relates to your personal and professional goals.
2. A brief account of how you functioned in a psychospiritual capacity with someone in distress recently.
3. A current resume.
4. Copies of transcript and diploma of post-graduate level studies in theology, psychology or related field.
5. For advance level applicants only, a letter of endorsement (refer to attachment) from a spiritual leader or religious authority certified in your faith tradition, that describes your readiness and/or aptitude for the role of spiritual / religious caregiver.
6. A recent BC Criminal Records Check is required prior to start of the unit.
 |
| **SCREENING INTERVIEW** |
| After receiving and assessing your application and letters of reference, you will be contacted to set up a screening interview. The aim of the interview is for mutual exploration of your desire and readiness to participate in the unit. The interview may be done in person or remotely with the CPE Program Supervisor and /or interview panel.  |
| **TUITION FEES AND PAYMENT** |
| Tuition ($2,000) *and* CASC course registration fee ($250), Total of $2,250 is due to Vancouver School of Theology (VST) and to be paid within the first week of the unit.1. Upon successful interview, you will receive a conditional acceptance offer into the CPE Program from Fraser Health.
2. Your name will be submitted to VST for course registration
3. Fraser Health will then confirm your acceptance into the program
4. If you request to withdraw at any time once payment has been made and *prior to the Friday before* the midterm week begins, Fraser Health will retain half of the amount of the ***total*** tuition, $1000. Once the midterm week begins, you will not receive a tuition refund. The $250 CASC fee is non-refundable.
 |
| **TUITION FEES AND PAYMENT (continued)** |
| After payment has been received, registration must be completed for each individual unit, and students will not be admitted into current or future CPE program until all financial obligations are paid, or deferred payments are agreed upon by VST and Fraser Health. No credit will be given until tuition has been paid in full. |
| **CONTACT INFORMATION** |
| Signed and completed applications should be mailed or emailed to:**Don Cowie, MA**Spiritual Health Clinical EducatorFraser Health13450 102 Avenue, Suite 400Surrey, B.C. V3T 0H1Email: donald.cowie@fraserhealth.caPhone: 236-332-1607 |
| **SCREENING INTERVIEW** |