



**College of Pastoral Supervision
and Psychotherapy**

***Clinical Pastoral Education/Training
Application Form***

*Foundation for Therapeutic and Spiritual Empowerment, Inc.
Robert L. Griffin, M.Div., Psy.D., Diplomate
Supervisor, College of Pastoral Supervision and Psychotherapy*

This is an application For CPE in (Check):	<input type="checkbox"/> McDonough, GA	<input type="checkbox"/> Macon, GA
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Full Name	Birthdate
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Mailing Address

City	State:	Zip	
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Phone No. – Home	Phone No. Cell:
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E-mail Address

Denomination/Faith Group

Jurisdiction/District/Diocese/Conference/Association
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Ordained/Licensed/Appointed

College Degree: School and Date

Seminary: Degree and Date

Graduate School: Degree and Date

If you have had CPE/Training before include a copy of each final evaluation

Prior CPE/T Dates	Center	Supervisor

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On separate sheets of paper address the following questions:

1. **Autobiographical Reflection:** Provide a reflective autobiographical account of your life giving attention to pivotal life events and relationships that have shaped who you are as a person. Please be specific and personal.
2. **Helping Incident:** Describe a situation where you provided help to someone(s) facing a difficult life situation. Please supply a reflective critique of your intervention. Applicants who have been in CPE/Training will address this question by providing a Clinical Case (Verbatim).
3. **CPE/T:** What is your understanding of Clinical Pastoral Education/Training and what do you hope to gain for your personal/professional development?
4. **Curriculum VITAE:** Please provide a full Curriculum VITAE (Vital Information of Training and Education) that documents your education, training and work experiences.

**Return this application to
Robert L. Griffin
FT&SE, Inc.
1514 Rock Quarry Road
Stockbridge, Georgia 30281**

**A registration interview must take place prior to acceptance into the program:
Phone: 404-444-8248 or e-mail: bgryphon@earthlink.net
Website: www.mcdonoughcounseling.com**