

If yes, Name of Institution: _

Biblical • Missional • Global

Office of the Registrar 3210 E. Guasti Road • Ontario, CA 91701 909.687.1468 (phone) • 909.687.1593 (fax)

Application for D2552, Clinical Bostoral Education

Application for P2555: Clinical Pastoral Educ	cation
Last Name: First Name:	ID #:
Email:	Current GPA:
Hrs completed: Year/Term for Credit: 20 / Hours Credit Requestion Campus: □AZC □ BAC □ONL □ONT □PNWC □RMC Degree: □DPTH □DPEL □MACC □MAIS □MAEL □MTS □MMISS - Concent □MDIV - Concentration/Advanced Track: Submission Date: (Must be submitted no later than 30 days prior to the start of the CPE Unit.)	itration:
NOTE: You must be accepted into a CPE program for final approval of P2553: Obegin the approval process as soon as you make application to the CPE program. At form. As soon as you receive the CPE approval letter, submit it to the Supervising Prohave it when you apply for P2553.	tach the CPE application form to this
The student will submit a Theological Reflection Paper to the Supervising Professor unresources (p. 14), "Theological Reflection Paper," for the description of the paper. If P this paper will be uploaded as the learning artifact.	
 Prior to completion of this form, contact your Regional Campus Office Administration Department (LFD) for referral to the Supervising Professor who will completing this form. Complete this form in its entirety. Submit the completed form to the Supervising Professor for initial approval not of the CPE Unit. Include the CPE application or acceptance letter. Upon approval from the Supervising Professor, submit the form to the Department. Upon approval from the Chair submit the form to the Associate Dean for Acad submit the form to the Registrar's Office. The Registrar's Office will notify the applicant of P2553 registration. If substituting P2553 for P1121/P1122 Leadership in Ministry Practicum Substitution Form with this application. If taking P2553 as an elective, submit a completed Independent Study form with the supplication. 	Il provide guidance and directions for later than 30 days prior to the start Chair of the Leadership Formation demic Affairs (ADAA). The ADAA will (TFE), submit a completed Course
CPE Center Information	
Name of Center:	
Address:	
Phone: (Email:	
CPE Program Affiliation: □ACPE □CPSP □Other:	
The CPE Center has a Parent Institution: □No □Yes (i.e hospital, hospice, etc.)	

CPE Supervisor Information
Name:
Phone: () Email:
Certification Level: □Supervisor □Supervisor in Training (SIT) or Supervisory Education Student (SES)
Certifying Organization: ACPE/BCCi CPSP Other:
Supervisor's Highest Degree Earned: Institution:
If SIT or SES:
SIT/SES Supervisor's Name:
SIT/SES Supervisor's Highest Degree Earned: Institution:
Address:
Phone: (Email:
Certifying Organization: □ACPE/BCCi □CPSP □Other:
Supervisor's CPE Center Name:
Address:
Phone: (Email:
CPE Program Affiliation: ACPE CPSP Other:
CPE Program Information
Number of Groups in Program: Size of Applicant's Group:
Unit Type: □Intensive (Full-Time) □Extended (Part-Time)
Start Date: End Date:
Unit Format: □Traditional/In-Class □Remote Access/Video Conference □Hybrid
Number of Didactic and Supervision Hours in Unit: Number of Ministry Contact Hours of Unit:
Reading Assignments: Author, title, number of pages:
Assignments Required:
□Learning Covenant or Contract □Mid-Term Self-Evaluation □Final Self-Evaluation □Supervisor Final Evaluation
Number of Pastoral Care Reports:VerbatimPresented in GroupPresented in Individual Supervision
Other Learning Activities (e.g. Genogram, Emotional Life History, Position Paper, Research Paper, etc.)
*Students will submit the Mid-Unit and Final Self-Evaluations and the Supervisor's Final Evaluation to the
Supervising Professor.

Ministry Organiz	zation Information			
nstitution Name:				
Address:				
Type of Setting (check all that apply): □Religious □Non-Religious □For Profit □Not for Profit □Government □Non-Government				
Ministry Setting:	⊓Church ⊓Confiner	nent □Corporate □Counseling Cent	er ⊓Emergency Services	
g.	nistry Setting: □Church □Confinement □Corporate □Counseling Center □Emergency Services □Long-term care or Hospice □Medical Treatment Facility □Military			
	-	·	•	
		f description):		
Size of Setting: _	Patients/Clients/I	ParticipantsStaffFamily MembersOther Chaplains/Clerg		
Position Descript	ion or Title: □Chaplain	□Pastor □Counselor		
	□Other (pr	ovide brief description):		
The CPF Center	and Supervisor are dir	ectly affiliated with the student's mini	istry organization: □Yes □No	
	·	•	,	
Reason for requ	esting this study:			
Identify evaluation	on instrument to be used:			
·				
	rement to be used	Formula for hours	Hours of work	
	rch paper	pages X 3 hours per page :		
	tion paper	pages X 1 hours per page =		
☐ Requir	ed Reading	pages / 25 pages per hour = exams x 8 hours =	=	
	(workbooks,	# of hours required to complete the	<u> </u>	
exercises	,	activities =		
	gs with professor	# of hours spent meeting		
	,	Total number of hours of co	oursework required	
			demic credit granted for a GS face-to-face, hybrid or k hours of academic learning activities per academic	
			struction and 30 hours of instructional exercises to be	
completed outside	e of class meetings per cred		dividual courses may adjust the ratio of assignments	
inside and outside	e class meetings.	1 credit hour = 45 hours of work		
		2 hours of credit = 90 hours of work		
		3 hours of credit = 135 hours of work	(
	Requir	ement Formula for ho	ours of coursework	
	Research paper		urs per page = # of work hours ur per page = # of work hours	
	Reflection paper Required Reading		ges per hour = # of work hours	
	Exams	# of exams x 8 hours = #	of work hours	
	Other (workbooks	, exercises, etc) # of hours required to con	nplete the activities	
Student:		Date:		
	Department Chair: Date: Date: Date:			
Associate Dean	IOI ACAGEMIC ATTAITS:		Date:	
		REGISTRAR OFFICE USE ONLY		
		Data processed: Initials:		

Date processed: _____ Initials: ____

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