



Capital Health



IWK Health Centre

# Application for Clinical Pastoral Education

In association with:

- Acadia Divinity College
- Atlantic School of Theology
- Canadian Association for Spiritual Care (CASC)

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## PLEASE NOTE

All Applicants must comply with the following two (2) **MANDATORY** Policies at Capital Health and the IWK before they are accepted for placement in a clinical area.

- **Immunization Policy**  
(See page 8 for Capital Health immunization requirements)  
(Contact [glenn.breen@iwk.nshealth.ca](mailto:glenn.breen@iwk.nshealth.ca) for IWK immunization requirements).
- **Criminal Records Check and Vulnerable Persons Check**  
(To be returned to the Registrar's office of the applicable academic institution)

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## Some Information about our Programs

### **Supervised Clinical Education Is:**

A style of education that brings together Canadian Association for Spiritual Care (CASC) Certified Teaching Supervisors, professional religious leaders, theological students and others interested in Spiritual Care. It provides a comprehensive approach to personal growth and the development of professional skills with a goal of greater competence in the practice of spiritual care.

### **Education Takes Place as Students Become Involved in:**

Doing and reflecting upon their care while collaborating with other disciplines in a specific clinical setting. There is also an emphasis on how students interact with each other and relate their experiences to their understanding of theory and theology.

All programs in Supervised Pastoral Education are conducted according to the standards of the Canadian Association for Spiritual Care (CASC) and can be recognized for academic credit by appropriately accredited academic institutions.

Students are encouraged to read the CASC Standards. They can be found at:  
<http://www.spiritualcare.ca/Manual/index.html>

Supervised Pastoral Education includes the two programs of Clinical Pastoral Education (CPE) and Pastoral Counselling Education (PCE). **This application material applies only to the CPE program.**

### **Basic Programs and Advanced Programs:**

Basic programs are open to persons who are interested and who have experience and training to benefit from such a program. Advanced programs are open to those who are members of CASC and have been authorized to proceed to Advanced standing by the CASC Regional Admitting Committee (Please refer to CASC Standards at: <http://www.spiritualcare.ca/Manual/index.html#CH2ED> ).

### **Structure of Supervised Pastoral Education:**

Each clinical course is organized in units of at least 400 hours of supervised learning.

A unit of CPE may be organized as follows:

- In one period of eleven continuous weeks of full-time training;
- In a period of thirty weeks involving two days of training weekly.

### **Applications:**

Applications for admission to programs must be received as early as possible. All units will be registered through an affiliated academic institution.

### **Application Deadlines:**

- Spring/Summer Programs – **NO** later than January 31<sup>st</sup>
- Fall/Winter Program – **NO** later than June 30<sup>th</sup>

**Applications received after the deadlines will be dealt with on a first come, first served basis where openings remain in a unit.**

## Relevant Information

A program will not be held for less than three students. In that case, every effort will be made to give the students ample notice of that program's cancellation, and students may be directed to an alternative program, according to the applicant's stated choices on the Application Form. In the case of more than six applicants, those who are not selected in the program may also be referred to an alternative program.

Capital Health/IWK has an admissions policy that accepts people irrespective of colour, age, sex, ethnic or religious group (this does not preclude sponsorship of a program by a religious body). The SPE centre shall admit students on the basis of their training goals and the service needs of the centre.

Students are advised to clear their Spring/Summer course time with their ecclesiastical authority in the Fall, prior to the Spring/Summer SPE course. Students will normally be notified of acceptance or rejection as soon as possible following application deadlines.

### Costs:

1. The CPE unit fee is \$1,100.00. **A Charge of \$25.00 for NSF Cheques will be applied.**
2. **Included in this fee is a student membership in the Canadian Association for Spiritual Care (CASC).**
3. A deposit of \$25.00 (non-refundable) is to accompany each application. For Capital Health applications, cheques are to be made payable to **T067 – Professional Development Fund**. For IWK applications, cheques are to be made payable to **IWK Spiritual Health, Trust Account**. Upon acceptance into the CPE unit, a further \$175.00 is required to secure your place in the program. The remaining \$900.00 is required during the first week of the CPE unit.
4. If the student intends to complete the CPE unit for academic credit, the student shall register with an appropriately accredited academic institution. The student will pay to the academic institution \$900.00, which is the balance of the CPE unit fee, plus an additional academic credit authentication fee as set by the academic institution.
5. If the student is not seeking academic credit, the \$900.00 CPE unit fee balance is due to Capital Health/IWK by the end of the first week of the unit. There may be an additional charge of \$50.00 for insurance coverage.

### STIPEND AND BURSARIES:

Stipends are available in the Atlantic Region for Residency Programs. See course listings at [http://www.spiritualcare.ca/students/residencies/halifax\\_ins.html](http://www.spiritualcare.ca/students/residencies/halifax_ins.html)

### REFUNDS:

- ❖ \$25.00 of any deposit is a non-refundable processing fee.
- ❖ There is no refund of deposits after 30 days prior to the beginning of a CPE Unit.
- ❖ Academic Institutions have their own refund policies for fees paid for academic credit authentication for a CPE Unit.

## THE FOLLOWING INFORMATION IS TO ACCOMPANY EACH APPLICATION:

1. A reasonable full account of your life (6-10 pages, typed, double-spaced), including information on:
  - Parents, place and date of birth, position in family, other family members in the home.
  - Memorable childhood and school experiences.
  - Development of religious awareness and church involvement.
  - Notable experiences since leaving school (including work, marriage, children if applicable).
  - Previous encounters with hospital, illness and/or death.
  - A statement of your professional goals.
  - A comment on your present state of health.
  - Your understanding of Clinical Pastoral Education and your reasons for making application.
  - Reading you have done this past year that has been meaningful to you.

Your autobiography will be kept confidential. It is advisable to keep a copy of materials submitted, especially your autobiography.

2. Three Letters of Reference (See format below)

### LETTERS OF REFERENCE

In requesting letters of reference, please include a copy of the following information to ensure that it is included in the reference letter:

- ❖ Referee's relationship to applicant
- ❖ Referee's understanding of who the applicant is and how she or he functions
- ❖ Applicant's aptitudes for pastoral care and openness to a learning process within a clinical setting.
- ❖ Applicant's aptitudes for sharing in group learning process of personal and professional development.
- ❖ Applicant's ability to work in a sharing context with clinical professionals (interdisciplinary)

Reference letters are to be placed in a sealed envelope by the referee and sent by the applicant along with the other documentation accompanying the application material. References are treated as confidential and will not be returned to applicants in the event of non-acceptance or withdrawal.

**A Residency Program is offered jointly by Capital Health and the Mental Health Program. When making application for this program please mail all materials required by this application and the list of requirements on the CASC website, [http://www.spiritualcare.ca/students/residencies/halifax\\_ins.html](http://www.spiritualcare.ca/students/residencies/halifax_ins.html) including your deposit cheque made out to T067 – Professional Development Fund**

**All application materials for CPE courses at Capital Health are to be submitted, with a \$25.00 deposit made payable to:**

**T067 – Professional Development Fund, C/O Buffy Harper, Professional Practice Coordinator - Spiritual & Religious Care, Halifax Infirmary, Room 1216, 1796 Summer Street, Halifax, N.S. B3H 3A7**

**All application materials for CPE courses at IWK are to be submitted, with a \$25.00 deposit made payable to:**

**IWK Spiritual Health, Trust Account, C/O Glenn Breen, Coordinating Chaplain, P.O. Box 9700 5850/5980 University Avenue, Halifax, N.S. B3K 6R8**

# Application for Clinical Pastoral Education

in association with Acadia Divinity College and Atlantic School of Theology

Program Commencing: \_\_\_\_\_ Date of Application: \_\_\_\_\_

(Rev/Sr/Fr/Ms/Mr/Dr) Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Fax#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

Denominational Affiliation: \_\_\_\_\_

Status Therein: \_\_\_\_\_  
(For those in track for supervisory training, give date of your ordination commissioning, or ecclesiastical endorsement)

Date: \_\_\_\_\_

C.P.E. Offerings within Capital Health / IWK: (See Page 7)

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Academic Credit: Yes  No

Please specify below if payment is to be made by another source:

Denominational/Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please check one of the following if for credit: A.D.C.  A.S.T.

How would you like your name to appear on your certificate at the end of the course?  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Undergraduate College: \_\_\_\_\_ Degree(s): \_\_\_\_\_ Date(s): \_\_\_\_\_  
Seminary: \_\_\_\_\_ Degree(s): \_\_\_\_\_ Date(s): \_\_\_\_\_  
Graduate Study: \_\_\_\_\_ Degree(s): \_\_\_\_\_ Date(s): \_\_\_\_\_  
Other: \_\_\_\_\_ Degree(s): \_\_\_\_\_ Date(s): \_\_\_\_\_

Previous Clinical Pastoral Education (Supervisor, Centre, & Date(s)). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Those applying for a second basic unit, please include a copy of the evaluation of the first basic unit with this application.

Occupational History (Begin with most recent and work backwards, giving brief description and dates of employment). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other experience(s) especially significant to you? (Details in autobiography) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Three References: (Name and Full Address with Postal Code).

Academic: \_\_\_\_\_  
\_\_\_\_\_

Religious: \_\_\_\_\_  
\_\_\_\_\_

Another Lay Person: \_\_\_\_\_  
\_\_\_\_\_

## **CPE Educational Opportunities Available at Capital Health and the IWK Include:**

Mental Health  
Paediatric / Maternity / Women's Health  
Palliative Care  
Forensic Psychiatry  
General Medicine and Tertiary Care  
Geriatric and Veteran's Care

**We are able to offer supervision for basic, advanced and provisional learners.**

**The supervisors are listed below.**

**BARRY BANKS M.Div.** Professional Practice Leader Spiritual Care, Mental Health Program, East Coast Forensic Hospital and general mental health settings

**GLENN BREEN M.Div., M.Th.** Professional Chief, Spiritual Health, IWK

**REV. DR. JODY CLARKE D.Min.** Academic Dean, Atlantic School of Theology (AST), and Professor of Pastoral Theology, AST.

**BUFFY HARPER M. Div.** Professional Practice Coordinator Spiritual and Religious Care, Rehabilitation and Supportive Care Services, Capital Health

**LINDA KUSCHNIK M. Div.** Denominational Chaplain (United Church of Canada). Queen Elizabeth II Health Sciences

**GARY MYATT B.Th., M. Div., M.Th.** Staff Chaplain, Camp Hill Veterans Memorial Building

**PATRICIA O'HALLORAN M. Div.** Staff Chaplain, Dartmouth General Hospital

**Please note that this form will be accepted by the educational institution if and only if:**

- 1. It is completed in full by the health care provider and each and every immunization is confirmed by the health care provider.**
- 2. No notations or comments are made in addition to the text of this form.**
- 3. No deletions are made to the text of this form.**

**Proof of Immunization Requirements for Capital District Health Authority**

To whom it may concern:

I, \_\_\_\_\_ verify that \_\_\_\_\_ has the following immunizations:  
Health Care Provider Patient

o **Diphtheria-tetanus-Pertussis:** A complete primary series of 3 doses of a combined tetanus, pertussis, and diphtheria vaccine preparation and booster within the last 10 years unless contraindicated. For adults who have not had a dose of acellular pertussis vaccine, the dT booster could be replaced by the dTap vaccine.

o **Measles (rubeola):** Consider immune if born before 1957 or if born after 1957 with evidence of 2 doses of a live measles - containing vaccine or physician-diagnosed measles or documentation of measles IgG. If non-immune requires 2 doses of MMR unless contraindicated.

o **Mumps:** Consider immune if born before 1957 or if born after 1957 with evidence of 2 doses of a live mumps-containing vaccine or laboratory -diagnosed mumps or documentation of mumps IgG. If non-immune requires 2 doses of MMR unless contraindicated.

o **Rubella:** Consider immune with evidence of 2 doses of a live rubella-containing vaccine or documentation of rubella IgG. If non-immune requires 2 doses of MMR unless contraindicated

o **Hepatitis B:** Consider immune with evidence of 3 doses of HBV-containing vaccine given at 0, 1, and 6 months and one documented adequate anti-HBs titre done between 1 and 6 months after immunization; or anti-HBs positive, anti-HBc positive, or HBsAg positive from hepatitis B infection. If non-immune, requires 3 doses of HBV-containing vaccine given at 0,1, and 6 months unless contraindicated with anti-HBs testing 1-6 months after the 3rd dose. Individuals testing anti-HBs negative several years after receiving the primary series may receive one booster followed by post-vaccine serology to determine responder status. Non-responders should be immunized with a second 3-dose series unless contraindicated and serologic testing repeated. Non-responders require testing for HBsAg.

o **Varicella:** Consider immune with evidence of self reported history of varicella or shingles, or physician-diagnosed varicella or shingles or documentation of VZV IgG or 1 dose (if given before age 13 years) or 2 doses given at least 1 month apart (if given after 13 years age) of live varicella vaccine. If non-immune, requires 2 doses of live varicella vaccine at least 1 month apart unless contraindicated.

o **Tuberculosis: BCG vaccine is no longer recommended.** A Two-step Tuberculin skin (TST) test must be completed and must be negative.

If there is a documented prior positive TST, previous treatment for active TB, or previous treatment for latent TB, a TST is not required. Medical evaluation and a chest X-ray within 1 year (if asymptomatic) are required.

o I also verify that \_\_\_\_\_ does not have tuberculosis as evidenced from a negative Two-step TST or chest X-ray.

\_\_\_\_\_  
Name and Professional Title of health care provider  
(e.g. Family Physician, Occupational Health Nurse/Physician)

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Office address

\_\_\_\_\_  
Office phone number

\_\_\_\_\_  
Date

**The health care provider must complete all sections above for identification and possible future contact purposes.**

**\*\*\*The learner must submit this document to their educational institution. \*\*\***