



The Office of Field Education  
**APPLICATION FOR ACADEMIC YEAR PARISH-  
BASED CLINICAL PASTORAL EDUCATION**

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

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

STUDENT NAME: \_\_\_\_\_ Duke Unique ID #: \_\_\_\_\_

A. Address: \_\_\_\_\_

\*DUKE E-Mail: \_\_\_\_\_@duke.edu Phone: \_\_\_\_\_

\* *Students must provide a "duke.edu" email address. Email will not be sent to addresses that do not end in "duke.edu".*

B. Are you a Student Pastor? YES\_\_\_\_ NO\_\_\_\_

If yes, where are you currently serving? \_\_\_\_\_

*(Student pastors please skip now to question "D")*

C. Have you fulfilled the Field Ed requirements for graduation? (*servicing in two DIFFERENT placements, at least one being a parish placement*) YES\_\_\_\_ NO\_\_\_\_

D. Have you applied to Duke Hospital for the Parish-based CPE program? YES\_\_\_\_ NO\_\_\_\_  
*(Note: You must apply to the Office of Field Education AND Duke Hospital separately.)*

F. Will you be seeking academic credit for CPE? (one credit per semester) YES\_\_\_\_ NO\_\_\_\_

G. What is your denomination? \_\_\_\_\_

Is CPE required or recommended by your denomination for ordination? YES\_\_\_\_ NO\_\_\_\_

H. On a separate sheet, please write a one-page essay describing your expectations of the parish-based CPE program and what you hope to gain from participating.

STUDENT SIGNATURE: \_\_\_\_\_

**Due to the Office of Field Education by March 1<sup>st</sup>**