



COUNSELOR TRAINING PROGRAM APPLICATION

For Office Use Only	
Date Application Rec'd	_____
Date Deposit Rec'd	_____
Date Return Letter Sent	_____
Date Interview Scheduled	_____
Interview Date	_____
Rec'd MMPI	_____ MBTI _____
Interviewer(s)	_____
Decision	_____

Completed application, \$50 application fee and all supporting documents must be received before the application will be considered. If you are accepted for an interview, we will need MMPI and MBTI results from within the last 3 years. Application fee and test results are not required for internship and externship applicants.

I am applying for:

Full-time Residency Part-time Internship Part-time Externship

PERSONAL INFORMATION

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Home Phone _____ Work Phone _____

Present Position _____ Date Started _____

BACKGROUND INFORMATION

A. College Seminary and Graduate Education

Years Attended	School and Location	Degree Earned	Major Field of Study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Please list your professional affiliations.

C. Please list your professional certification, licenses, ordination, etc.

D. Please provide your employment and professional experience. Use an additional page if necessary.

Dates	Employer and Location	Description of Responsibilities
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E. Previous Clinical Pastoral Education? Yes No

If "Yes", please indicate how many quarters and include a copy of final evaluations. _____

F. Personal References. List three (3) personal references, one of whom should be a present or former clinical supervisor. Each reference should be provided with the Reference Form found with this application. All forms should be returned to the Pastoral Institute at the address provided.

Reference Name	Address	Relationship
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1. _____

2. _____

3. _____

PURPOSE

A. Please write a brief Statement of Purpose. Include why you are seeking residency, what you intend to gain from the program and how you plan to use your training in the future. Should not exceed one typed page.

B. Do you plan to work toward an advanced degree (Ph.D., D.Min., etc.) while in residency?

____ Yes ____ No If yes, please indicate which degree. _____

PREPARATION FOR RESIDENCY

Please answer the following questions on a separate page.

- A. Describe your clinical experience. Include kinds of clients you have seen, number of supervised hours, etc.
- B. What is your experience in assessing and treating families, couples and individuals?
- C. What clinical theory or theories influence your counseling?
- D. Provide two brief examples of your work and discuss how you integrated clinical and faith issues in therapy.
- E. What are your strengths and weaknesses as a therapist?
- F. What kinds of supervisors and supervision have been the most and least beneficial to you?

PERSONAL REFLECTION

On a separate page, please provide a brief autobiography that addresses each of the following questions.

- A. What do you consider your personal strengths and weaknesses?
- B. If you have had personal therapy or other growth experiences, please describe briefly. Explain in what ways you expect it will impact you as a resident.
- C. Briefly describe your current "growing edge" as a person and therapist. Include any significant contributing factors you see.
- D. Describe other factors you think might be of significance in applying for residency.

THE IDEAL TRAINING EXPERIENCE

On a separate page, take about ten or fifteen minutes and draw a picture of your ideal residency training experience using colors, symbols, etc. Briefly explain the meaning of your picture at the bottom.

The Pastoral Institute is a drug free workplace and your employment is contingent upon successful completion of a drug screen and criminal background check. Forms can be picked up at any time during regular business hours from the administrative office.

- 1. Have you ever been disciplined by any mental health licensure or certification board for ministry or any other professional association?

____ Yes ____ No

If yes, provide details on an attached sheet along with a copy of the board order and other documentation of the disciplinary action.

2. Have you ever been convicted of any violation of law other than a traffic violation?
____Yes ____No If yes, provide details on an attached sheet.
3. Have you ever experienced allegations or convictions of sexual harassment or misconduct?
____Yes ____No If yes, provide details on an attached sheet.

RELEASE

I have completed this application truthfully to the best of my knowledge. I hereby give permission for the Pastoral Institute to contact by phone or letter those individuals I have listed as references for the purpose of establishing my readiness for residency.

Signature of Applicant

Date

Thank you for completing the application! Application supporting documents and a \$50 check made payable to the Pastoral Institute (resident applicants only) should be sent to:

Counselor Training Program

Attn: Administrative Assistant

P.O. Box 8649

Columbus, GA 31908-8649



**COUNSELOR TRAINING PROGRAM
APPLICANT REFERENCE FORM**

APPLICANT'S NAME _____

In comparison with other graduate students you have known or with whom you have worked, please rate this applicant's qualifications regarding the following traits. A rating of **0** means that you are unable to rate because of insufficient knowledge on this trait. A rating of **1** refers to the bottom 20%; **2**, from 20% to 40%; **3**, from 40% to 60%; **4**, from 60% to 80%; and **5**, the top 20%. Please feel free to add comments for each trait; they will assist us in appraising each candidate's qualifications.

RATING (circle one)

TRAIT

0 1 2 3 4 5

Academic Potential. Intellectual alertness and capacity to conceptualize significant ideas, to express oneself verbally and in writing.

Comments or Anecdotes:

0 1 2 3 4 5

Psychological Stability. Capacity to establish and maintain harmonious interpersonal relationships with others, ability to cope with stressful situations and exercise adequate emotional control.

Comments or Anecdotes:

0 1 2 3 4 5

Capacity for Leadership. Capacity to perform and confidence in performing leadership roles of various kinds.

Comments or Anecdotes:

RATING (circle one)

0 1 2 3 4 5

TRAIT

Sensitivity to Needs and Motives of Others. Capacity to care about and be sensitive to others' feelings and attempts to understand why a person behaves as he/she does.

Comments or Anecdotes:

0 1 2 3 4 5

Resourcefulness and Capacity to Assume Responsibility. Capacity to deal effectively or creatively in solving a problem and can be counted on to handle responsibilities assigned to him/her.

Comments or Anecdotes:

0 1 2 3 4 5

Physical Health. Degree of wellness, energy and physical vigor that are characteristic of person.

Comments or Anecdotes:

0 1 2 3 4 5

Capacity to Form Genuine Interpersonal Relationships. Ability to relate acceptably to others socially and emotionally, is honest and elicits trust from others.

Comments or Anecdotes:

0 1 2 3 4 5

Breadth of Interest. Has varied interests, hobbies, leisure and creative pursuits.

Comments or Anecdotes:

0 1 2 3 4 5

Intellectual Curiosity and Motivation to Learn. Seeks answers to questions or issues, has varied intellectual interests, is motivated and likes to learn.

Comments or Anecdotes:

RATING (circle one)

0 1 2 3 4 5

TRAIT

Sensitivity to Social Issues. Is aware and concerned about important social issues and problems.

Comments or Anecdotes:

0 1 2 3 4 5

Overall Evaluation. Based on your total analysis, how would you rate the candidate's overall potential as a counselor?

Please describe those attributes or qualities in the applicant that are most likely to contribute to success in a program of studies in counseling.

Based on your knowledge of this person, what does he/she aspire to do, and what do you feel he/she will be doing after completion of the residency.

Printed Name

Signature

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Telephone Number

Present Position

Address

City, ST Zip

Please mail completed form to:

Counselor Training Program
Attn: Administrative Assistant
P.O. Box 8649
Columbus, GA 31908-8649