



**COUNSELOR TRAINING PROGRAM  
FULL-TIME RESIDENCY  
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, \$75 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.

**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.

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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 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. 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.
- B. Briefly describe your current "growing edge" as a person and therapist. Include any significant contributing factors you see.
- C. 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.

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The Pastoral Institute is a drug-free workplace and your employment is contingent upon successful completion of a drug screen and criminal background check.

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 or any other ethical or criminal charges?  
 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.

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Signature of Applicant

Date

Thank you for completing the application!

Application, supporting documents, and a \$75 check made payable to the Pastoral Institute should be sent to:

Pastoral Institute  
Counselor Training Program  
Attn: Administrative Assistant  
2022 Fifteenth Avenue  
Columbus, GA 31901