



Association for Clinical Pastoral Education, Inc.
 1549 Clairmont Road, Suite 103
 Decatur, Georgia 30033
 Ph (404) 320-1472 Fax (404) 320-0849 www.acpe.edu

SEMINARY MEMBERSHIP APPLICATION

According to the ACPE Constitution, membership is available for schools that are accredited by the Association of theological Schools or another recognized accrediting agency, as well as to seminaries sponsored by ACPE regions. Membership in ACPE is open to organizations whose purpose is to enhance the mission and vision of ACPE. This membership includes the right to send a representative to regional and national conferences. It also includes a subscription to the ACPE NEWS and the JOURNAL OF PASTORAL CARE and Counseling. Each theological school member names a liaison professor who becomes a delegate to the ACPE Seminary Advisory Council.

The ACPE Board of Representatives must approve membership at one of their semi-annual meetings. You will be billed for membership dues upon acceptance.

2008 ANNUAL MEMBERSHIP FEE
\$275

Seminary membership applications are reviewed and approval occurs at the Spring or Fall meeting of the Board of Representatives, following a dialogical process that seeks to determine the compatibility of your institution's mission and vision with that of the ACPE.

Please complete all of the requested information (front and back), attach the required documentation and return to the ACPE address listed at the top of this form.

Name Of Seminary: _____

CAN YOUR ORGANIZATION SUPPORT THE ACPE STANDARDS?

(see www.acpe.edu):

Yes _____

or

No _____

If no, explain on an attached sheet.

Signature Of Authorized Respondent _____ / ____ / ____

Printed Name/Title Of Authorized Respondent _____

Agency Address: _____

Telephone () _____ Fax () _____

Religious Affiliation: _____

Number In Student Body: Men _____ Women _____

Member Of Association Of Theological Schools In Us And Canada:

_____ Yes *Full Member* _____ *Associate Member* _____

_____ No, not a member of ATS. If not accredited by ATS, please give name

of other accrediting agency: _____

Name Of Basic Religious Or Theological Degree Granted: _____

Number Of Years Ordinarily Required To Complete Basic Degree Program: _____

Degrees Given: _____

President's Name: _____

Address: _____

Dean's Name: _____

Address: _____

Liaison Professor's Name: _____

Address: _____

Telephone () _____ Fax () _____

Email address: _____

Please attach to this face sheet: a copy of your catalog or program brochure; a copy of your articles of incorporation, bylaws or governance manual; your mission/vision statement; and, an explanation of the value of ACPE membership to your organization. Please attach any other information that would help determine your affirmation and interest in the mission of ACPE.

ACPE MISSION STATEMENT

The Association for Clinical Pastoral Education, Inc. is a professional association committed to advancing experience-based theological education for seminarians, clergy and lay persons of diverse cultures, ethnic groups and faith traditions. We establish standards, certify supervisors and accredit programs and centers in varied settings. ACPE programs promote the integration of personal history, faith tradition and the behavioral sciences in the practice of spiritual care.

ACPE VISION STATEMENT

As the Association for Clinical Pastoral Education, Inc., we will be distinguished as the premier provider of Clinical Pastoral Education and recognized by the United States Department of Education:

Encouraging creative response to the changing context of spiritual care in the communities we serve;

Modeling professional competence, integrity and high ethical standards;

Sustaining a welcoming organizational culture in which members are encouraged to learn and grow;

Embracing diversity, collaboration, and accountability on a national and international level;

Prophetically advocating for excellence in pastoral education and the practice of spiritual care.