



Clinical Psychospiritual Education (CPE) Application

Providence Health Care | St. Paul's Hospital | Vancouver, BC

UPCOMING CPE UNITS (Please check the units you are applying for):

- 2025 Spring Intensive Unit (11 weeks)**
5 days/week: Feb 24 – May 9, 2025
Application due: January 11, 2025
- 2025 Summer Intensive Unit (11 weeks)**
5 days/week: May 26 – August 8, 2025
Application due: April 6, 2025
- 2025 Fall Intensive Unit (11 weeks)**
5 days/week: August 25 – November 7, 2025
Application due: July 5, 2025
- 2025 Winter Intensive Unit (11 weeks)**
5 days/week: Nov 24, 2025 – February 6, 2026
Application due: October 1, 2025
- 2026 Spring Intensive Unit (11 weeks)**
5 days/week: February 23 – May 8, 2026
Application due: January 7, 2026
- 2026 Summer Intensive Unit (11 weeks)**
5 days/week: May 25 – August 11, 2026
Application due: April 6, 2026

Extended CPE unit

- 2025 Extended Unit (26 weeks)**
2 days/week: January 8, 2025 – July 2, 2025
Application due: November 24, 2024

Remote Learning:

If you are applying for the remote/virtual unit, please check the box below. Remote/virtual learning is not available within the residency program.

- Remote/Virtual Learning** (please check and note your preferred unit)

Residency:

If you are applying for the 9-month-residency program, please check the box below and indicate on the column left side when you would be ready to start your residency.

Applicants to the residency program must have at least one basic CPE unit prior to applying to the program. There are limited residency opportunities available.

- Residency Program** (please check and note your preferred unit to start for application due dates)

FEES:

- Tuition for a single unit of CPE is \$2,000.00, plus CASC fee \$250.
- Successful applicants to the Residency Program will receive a stipend, and are responsible to cover their tuition fees (\$6,000.00 - 3 units @ \$2,000.00, plus CASC fees, please see section **TUITION FEES, PAYMENT, AND STIPENDS** for further information.

Level of CPE being requested: 1st Basic 2nd Basic 3rd Basic 1st Adv. 2nd Adv. 3rd Adv.

If "Advanced" please include Step 2/3 Report Forms from any previous consultation or certification appearances or the scheduled date of your consultation meeting regarding readiness to train at the Advanced Level (Note: this consultation must occur within the first 100 hours in order for that unit to be eligible for consideration as Advanced).

PERSONAL INFORMATION

All information collected below will be used for the sole purpose of the CPE Application and selection process.

Name:		Date of Birth: (DD/MM/Year)	
Address:			
City:	Province:	Postal Code:	
Telephone (Home/Cell):		Telephone (Work):	
Email Address:			
Present Occupation:			
Religion/Faith/Spiritual/Cultural Tradition(s):			

EDUCATION INFORMATION (most recent first)

Institution	Address	Years Attended	Degree Received

Will this CPE unit be part of your current academic program? Yes No

If yes, please identify the program and institution:

Please indicate all languages in which you are fluent:

In speaking: _____ In writing: _____

Please, note if there are any aspects impacting your participation in a fulltime intensive CPE program:

PREVIOUS CLINICAL PSYCHOSPIRITUAL EDUCATION: (Please list information for each unit of CPE including any units which you did not complete)

CPE Centre Name and Address	Dates	Supervisor

Note: Please include with your application a copy of your self-evaluation and your supervisor's evaluation for each unit completed.

WORK EXPERIENCE (most recent first)

Employer	Address	Position	Years Employed

LETTERS OF REFERENCE

Please arrange for three Letters of Reference to be sent directly to the Teaching Supervisor at the email address below. Please list the people whom you have chosen.

Name	Telephone Number	E-Mail Address	Relationship To You

D. REMOTE/VIRTUAL LEARNING

If you are requesting to take the unit remotely, please fill the information below (if known)

Location of practicum site and contact person	Contact Person's Telephone Number	Contact Person's Email Address	Relationship to You

Emergency Contact: _____ Relation to: _____

Contact Number: _____

I hereby certify that the information given in this application is true to the best of my knowledge and authorize the release of information reasonably required to evaluate my readiness and suitability for the program(s) of clinical Psychospiritual education identified in this application.

Signature: _____ Date: _____

Printed Name: _____

REQUIRED APPLICATION DOCUMENTS

Please provide the following materials:

- (A) An autobiographical description which includes the following (approximately 7-10 pages in total):
- Significant events in your family, marital/relational, and social history including a description of those relationships which have the most significance for you.
 - Highlights in your spiritual development including a description of your relationship(s) with religious groups/faith traditions with which you have identified.
 - A reflective description of how you see yourself including your understanding of the dynamics which have been at work in your personal development.
 - A professional/employment history, including factors which led to career and vocational changes.
 - A descriptive statement outlining your gifts for ministry, as identified by you and others.
- (B) A statement of your reasons for seeking Clinical Psychospiritual Education at this time in which you identify how CPE relates to your personal and professional goals.
- (C) A brief account of how you functioned as a spiritual health provider with someone in distress recently.
- (D) A current resume.
- (E) Copies of transcript and diploma of post-graduate level studies in theology, psychology or related field.
- (F) For advance level applicants only, a letter of endorsement (refer to attachment) from a spiritual leader or religious authority certified in your faith tradition that describes your readiness and/or aptitude for the role of spiritual / religious caregiver.
- (G) Upon acceptance to the program, a recent (within 3 months of the unit start date) Criminal Records Check.

SCREENING INTERVIEW

After receiving and assessing your application and letters of reference, you may be contacted in order to set up a screening interview. The aim of the interview is for mutual exploration of your desire and readiness to participate in the unit of Psychospiritual education for which you have applied. Should distance or other factors preclude a face-to-face interview, the interview may be done by Skype, telephone or videoconference with the CPE Program Supervisor and/or interview panel.

TUITION FEES, PAYMENT, AND STIPENDS

Tuition (\$2,000) and CASC course registration fee (\$250) is due to Vancouver School of Theology (VST).

1. Upon successful interview, you will receive a conditional acceptance offer into the CPE Program from PHC, and the registration form from VST.
2. Complete the registration form and submit it to VST with 50% of the total tuition and fees (\$1,125). Please alert the CPE Supervisor-Educator when you have done so.
3. PHC will then confirm your acceptance into the program
4. **The remainder of your tuition is due within 7 days of the unit beginning**, unless a deferment has been approved.
5. If you request to withdraw at any time once payment has been made and *prior to the Friday before the midterm week begins*, PHC will retain half of the amount of the **total** tuition, \$1000. Once the midterm week begins, you will not receive a tuition refund. The \$250 CASC fee is non-refundable.

After payment has been received, registration must be completed for each individual unit, and students will not be admitted into current or future CPE program until all financial obligations are paid, or deferred payments are agreed upon by VST and PHC. No credit will be given until tuition has been paid in full.

Successful applicants who complete all units and meet all expectations in the Residency Program (9 months) will receive a stipend of \$22,902.75. Residents will be responsible to pay the tuition fee of \$6,750.00 (3 units @ \$2,250.00 each). Therefore, resident will receive a net stipend of \$16,152.75. Please note that students are not employees of PHC, and as such are not entitled to any benefits, financial or tax documents. Please see the Stipend Agreement for more details. The full tuition fee for each unit is payable to Vancouver School of Theology and is to be paid within the first week of each unit(s).

CONTACT INFORMATION – PROVIDENCE HEALTH CARE, VANCOUVER BC

Signed and completed applications should be e-mailed to:

Francis Lau, Certified Supervisor-Educator

Email: mlau19@providencehealth.bc.ca

Providence Health Care / Spiritual Health and Pastoral Care Services

CPE class room at Mount St. Joseph Hospital – 3080 Prince Edward St. Rm. 4220, Vancouver, BC V5T3N4

CPE Phone: 604-874-1141 ext. 78005

St. Paul's Hospital - 1081 Burrard Street, Spiritual Health, Vancouver, BC, V6Z 1Y6

Spiritual Health Office Phone: 604-806-9095 ext. 69095 or Admin Sunday Ayinde Phone: 604-806-8163.



I acknowledge with gratitude that I live and work on the traditional, ancestral and unceded territories of the Coast Salish peoples – the Musqueam, Squamish, and Tsleil-Waututh Nations. www.providencehealthcare.org

Please Note:

This application has companion documents - all of which contain valuable information and all of which must be read and/or signed to confirm acceptance.

- Training Agreement
- Stipend Agreement
- Clinical Psychospiritual Education at Providence Health Care
- VST Registration Form and Payment