

## Chaplain Application for UAB Clinical Training Academy (CTA)

**Applicant:** To complete this application form, place your cursor in the shaded fields and begin typing. The fields will expand as you type. Please be sure to read and sign last page and return all pages of the application with your CV and refundable deposit of \$500.

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**Name and Credentials:**

**Your Institution:**

**Preferred Mailing Address (check one)**      Home                      Office

**Street Address:**

**City/State/Zip:**

**Daytime Phone:**

**Email:**

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1. Are you a member of one of the following? **Check all that apply.**

|                                                    |     |    |
|----------------------------------------------------|-----|----|
| <b>Association of Professional Chaplains</b>       | Yes | No |
| Certification received                             | Yes | No |
| <b>American Association of Pastoral Counselors</b> | Yes | No |
| Certification received                             | Yes | No |
| <b>National Association of Catholic Chaplains</b>  | Yes | No |
| Certification received                             | Yes | No |
| <b>Association of Clinical Pastoral Education</b>  | Yes | No |
| Certification received                             | Yes | No |

2. Have you obtained palliative care *specialty certification* through the Board of Chaplaincy Certification affiliated with the Association of Professional Chaplains?

|     |                    |                 |
|-----|--------------------|-----------------|
| Yes | Certification Date | Expiration Date |
| No  |                    |                 |

3. Have you completed a clinical pastoral education residency (CPE)?

|     |      |                 |
|-----|------|-----------------|
| Yes | Date | Expiration Date |
| No  |      |                 |

4. How many years have you been employed in chaplaincy work?

|                                                 |                |
|-------------------------------------------------|----------------|
| Full time                                       | year(s)/months |
| Part time                                       | year(s)/months |
| Specifically in hospice and/or palliative care? | year(s)/months |

5. Describe experience you have had in your work related specifically to hospice and palliative care.
6. List all CPE activities that have been completed for education or experience in hospice and palliative medicine **over the past 2 years**.

| <b>CPE Activity</b> | <b>Hospice/Palliative Care?<br/>Yes or no</b> | <b>Date<br/>m/d/y</b> |
|---------------------|-----------------------------------------------|-----------------------|
| a.                  |                                               |                       |
| b.                  |                                               |                       |
| c.                  |                                               |                       |
| d.                  |                                               |                       |
| e.                  |                                               |                       |
| f.                  |                                               |                       |

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**Please complete the following 3 essays (Limit responses to 200 words or less per question):**

1. **Provide a brief statement on your experience to date in hospice and palliative care or work with patients at end of life.**
2. **Thinking of your goals and how this training experience will fulfill them and ultimately benefit your professional development in hospice and palliative medicine:**
  - A. What problems/issues have you encountered in your work that resulted in your desire to participate in the Clinical Training Academy?**
    - 1.
    - 2.
    - 3.
  - B. What do you currently consider your three (3) primary strengths that lend yourself to success in palliative medicine chaplaincy?**
    - 1.
    - 2.
    - 3.

**C. Name three (3) problems/barriers you encounter when working with patients with serious illness, in palliative/supportive care, or in end of life care.**

- 1.
- 2.
- 3.

**D. What are your three (3) primary learning goals or objectives for this experience?**

- 1.
- 2.
- 3.

**E. Name four (4) things you would like to incorporate into your work following this experience.**

- 1.
- 2.
- 3.
- 4.

I confirm that the information provided in this application is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Application Information and Fees

Applications will be accepted on a competitive, ongoing basis. Completed application should be returned with your CV and \$500 deposit check. In the event that your training does not take place, the deposit will be returned. The \$1,000 **balance** of the individual fee for chaplains will be **due two weeks prior** to the start of the training week.

Applications will be reviewed by the CTA primary faculty and staff. Once accepted, training dates will be determined by matching the applicant and CTA mentor schedules. Accepted applicants are responsible for all related travel, meals, and lodging during the immersion experience.

### **\$1,500 Chaplain fee**

*Checks should be made payable to UAB Center for Palliative and Supportive Care and mailed with the application to the address at the bottom of this page.*

My application fee of \$500.00 enclosed ☐ yes

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## **REQUIRED DOCUMENTATION DUE PRIOR TO TRAINING:**

- **Proof of current TB skin test or documentation of current chest xray**