

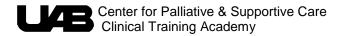
Chaplain Application for UAB Clinical Training Academy (CTA)

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.

Na	ame and Credentials:					
Υc	our Institution:					
Pr	referred Mailing Address (check one) H	ome	Offic	e		
Street Address:						
CI	ty/State/Zip:					
Da	aytime Phone: E	mail:				
1.	Are you a member of one of the following? Check all that apply.					
	Association of Professional Chapla		Yes	No		
	Certification received		Yes	No		
	American Association of Pastoral (Counselors	Yes	No		
	Certification received		Yes	No		
	National Association of Catholic Cl	haplains	Yes	No		
	Certification received		Yes	No		
	Association of Clinical Pastoral Ed	ucation	Yes	No		
	Certification received		Yes	No		
2.	Have you obtained palliative care <i>specialty certification</i> through the Board of Chaplaincy Certification affiliated with the Association of Professional Chaplains?					
	Yes Certificat	ion Date		Expiration Date		
	No					
3.	Have you completed a clinical pastoral education residency (CPE)?					
	Yes Date		Expiration D	Pate		
	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 ca	are?		year(s)/months		

205-975-8197 phone ~ 205-975-8173 fax

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. Hospice/Palliative Care? **CPE Activity** Date Yes or no m/d/y a. b. C. d. e. f. 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 lea	arning goals or objectives for this experience?			
1.				
2.				
3.				
E. Name four (4) things you would like experience.	e to incorporate into your work following this			
1.				
2.				
3.				
4.				
I confirm that the information provided in this a	application is accurate and complete.			
Signature	Date			



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			

REQUIRED DOCUMENTATION DUE PRIOR TO TRAINING:

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