



# The Virginia Institute of Pastoral Care

2000 Bremono Road, Suite 105, Richmond, Virginia 23226  
(804) 282-8332 Fax: (804) 288-4558 Email: [vipcare@vipcare.org](mailto:vipcare@vipcare.org)

## PASTORAL COUNSELING EDUCATION PROGRAM APPLICATION

For (check one) \_\_\_\_\_ Certified Pastoral Counselor Formation Program, or \_\_\_\_\_ Internship

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Marital Status: S M D Sep Wid Spouse's Name: \_\_\_\_\_

Church Membership and Role in Ministry: \_\_\_\_\_

If ordained, by \_\_\_\_\_ As \_\_\_\_\_ Year \_\_\_\_\_

Highest Educational Degree: \_\_\_\_\_ From: \_\_\_\_\_ Year: \_\_\_\_\_

**Attachments:** Please attach the following information to your application:

1. A brief **autobiographical statement** of personal and professional development, long-range goals, and special interests as a pastoral counselor. (2-4 pages)
2. A current **photograph** of yourself
3. A current **resume** listing significant work experiences, education, organizational memberships, certifications and honors.
4. A copy of **academic transcripts**. (Although photocopies are acceptable for the application, official transcripts must be provided before classes begin.)
5. A description of previous **experience providing pastoral care or pastoral counseling**. State approximate number of hours of counseling and of supervision of that counseling. If you had Clinical Pastoral Education or supervision of pastoral care or counseling with a written evaluations, attach a copy of your latest evaluation.
6. A statement of your understanding of your **personal strengths and areas of growth** as a counselor.
7. A statement of the number of **hours you have received counseling** and the **credentials of each counselor** you have seen.
8. A statement of **legal and ethical history**. Have you ever experienced any of the following: accusation or formal charges of sexual harassment; arrest, indictment or conviction of any violation of law (except traffic tickets); defendant in a criminal proceeding? If so, please describe.
9. **Processing fee of \$95** (check made payable to VIPCare) which is non-refundable.

If the above paper application is satisfactory, the following will also be requested:

**Audio or video of a counseling session**, with a case study of the client, or a process recording from a MSW field placement.

**Psychological testing:** Psychological testing is required before the admission interview is scheduled. This testing is scheduled through VIPCare for an additional fee of \$95 or through other arrangements approved by the Director of Education.

**References:** I give my permission for the Virginia Institute of Pastoral Care to contact the following references and for the persons listed to release information about me to VIPCare for the purpose of evaluating my application for pastoral counseling education:

1. Person familiar with my pastoral work: (Name, phone, role)

2. Person from my faith group: (Name, phone, title)

3. Person familiar with my academic work: (Name, phone, title)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Admission Interview:** Applicants meet with VIPCare faculty after the complete application is received. Applicants will be notified within a week about acceptance.

**Deadline:** Submission by April 15<sup>th</sup> for fall admission is encouraged, though applications will be accepted until the positions are filled.