

Agreement for Training

CPE is conducted as an "education for ministry" experience. This document and acceptance into the AWHCSC authorizes you to visit Airmen/patients/families as a Level I/II CPE Student, to be informed of their situation (physically, spiritually, emotionally, psychologically, and sociologically), and to write materials that would be most beneficial to your educational process based on your visits under the direct supervision of an assigned ACPE Certified Educator. Confidentiality is basic to professionalism and any communication regarding patients outside our professional treatment and/or training circles is prohibited, except as required for the safety of patients, families or others.

CPE Student Initials: _____

Your materials may be used by your assigned supervisor with other ACPE Certified Educators and other professionals from whom he/she may seek consultation as a part of his/his professional development or as part of research intended to contribute to the field of CPE and/or clinical pastoral care. In all instances of use beyond this center's professional training circle, unless law requires full disclosure of the documents, your training supervisor will sufficiently alter the material to obviate your identification.

CPE Student Initials: _____

The Certified Educator's written evaluation of your unit of training and your written evaluation of your unit of training will not be shared with others, outside of the professional training circle of this center, unless written permission from you is obtained.

CPE Student Initials: _____

I have received and reviewed the Student Handbook and the ACPE Accreditation materials governing CPE as provided me during orientation. I have had an opportunity to review the policies and ACPE Objectives and Outcomes with my supervisor during orientation and understand their importance for me as a CPE student.

CPE Student Initials: _____

I understand that each unit's registration fee must be paid by the end of the 10th day of the unit unless the procedures outlined in the Financial Policy (in Handbook) are followed. In the event of failure to pay in full the registration fee within 30 days of the last day of the unit, credit will be registered for the unit with ACPE, Inc. as Zero until registration is paid in full.

CPE Student Initials: _____

In all of my activities during my CPE program I agree to function professionally and within the ACPE's Code of Professional Ethics. A copy of this code is in my Handbook and has been reviewed with me during orientation so that I now understand its intentions and requirements of me professionally.

CPE Student Initials: _____

I understand and agree to the conditions of this Agreement for Training.

Signature of CPE Student

Date

Signature of ACPE Certified Educator

Date

***FORM TO BE REVIEWED, SIGNED, AND RETURNED TO THE CERTIFIED EDUCATOR FOLLOWING COMPLETION OF ORIENTATION**