# STUDENT REGISTRATION

This packet of information is to be filled out by CPE students who have been accepted to the program. Please check with your Educator for the deadline to register with ACPE, and when to get these forms back. You can email them to office@smpcc.net or fax them to 502-896-0439.

ACPE requires that students register through the ACPE website in order to receive full credit for their work during this CPE unit. There are online instructions that can be found through that website.

<https://acpe.edu/docs/default-source/default-document-library/how-to-enroll-in-a-cpe-unit.pdf?sfvrsn=b5acc36a_2>

If you need additional assistance, please consult your educator/educator candidate for help. Any credits for seminary or for chaplaincy training must be processed through our accrediting agency (ACPE). You are responsible to register for credit at your seminary in addition to registering with ACPE.

Please provide your Educator with the necessary information to submit a grade to the registrar at your seminary or University.

**SMPCC**

#### Site Clinical Mentor Guidelines

G. Wade Rowatt, Ph.D., Clinical Educator

David C. Johnson, D.Min., Clinical Educator Matthew Andrews, D. Min, CE Candidate

**The clinical mentor** *is a person in the ministry setting who agrees to offer support, guidance, and on-site oversight to the CPE student. This may be a chairperson of pastor/staff relations, an appropriate lay leader, or another minister on staff who has administrative responsibility for the student.*

1. Agree to be available to the student for consultation weekly or as needed.
2. Provide care and support for the student during the CPE process.
3. Agree to meet at least once with the CPE Clinical Educator during a site visit.
4. Agree sign the Placement Approval Form and insure appropriate orientation for the student.
5. Be available for consultation with the CPE Clinical Educator should events arise that need clarification with the student.
6. Provide sufficient orientation for the student at the placement location as needed.
7. Provide feedback to the CPE program about the student’s ministry.

**Site Clinical Mentor**

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student**

Signed Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACPE Clinical Educator/CEC**

Signed

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

Date

Date

#### CERTIFICATION OF COMPLETION OF PLACEMENT ORIENTATION for CPE at SMPCC

G. Wade Rowatt, Ph.D., Clinical Educator

 David C. Johnson, D.Min., Clinical Educator

Matthew Andrews, D. Min, Clinical Educator Candidate

This is to certify that has completed all orientation requirements for ministry placement with **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

A copy of the orientation schedule (If available) must be attached. Students working in their place of ongoing employment still need a statement from the Site Clinical Mentor that they have been sufficiently orientated to the policies, procedures, and expectations of the placement.

Site Clinical Mentor

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACPE Clinical Educator**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* *A student whose clinical assignment is other than his/her/their own parish must complete all orientation programs for that placement. A copy of the orientation process and of the certification of completion of orientation form must be on file with SMPCC. Students on the staff at their parish must complete the site mentor orientation with their site supervisors. A supervisor from SMPCC is available to consult with the site clinical mentor and the student as needed. All students must also complete the orientation at SMPCC.*

##### Training Agreement: Parish/Community Program

CPE is an education for ministry experience. This agreement and acceptance into this program authorize you to visit persons in the institutions that sign a place-placement approval form with you and your supervisor. You can report on those visits in verbatims and case summaries with your supervisor(s) in a manner that will be beneficial to your educational process. Confidentiality is expected. Any communication regarding ministry with persons outside of this program is prohibited, except as required by law or safety.

**Student Initials:**

The material submitted by you may be used with a Clinical Education Candidate and/or other Clinical Educators with the understanding that these persons are a part of the professional training. Your educator may use your material with other professionals for consultation, professional education, and/or research intended to contribute to CPE or other pastoral care fields. In all use outside of this program, your identity will be protected except as might be required by law.

**Student Initials:**

Your work may be audio or video taped for educational purposes with Clinical Education Candidates, other Educators in this center, or other ACPE settings.

**Student Initials:**

You will receive a written final evaluation within 21 days of the completion of your unit. Your written evaluation and your Educator’s written evaluation may be shared with persons invited by your Educator to participate in your unit and the final evaluation process. If you are enrolled for credit in an educational institution, your grade and evaluation will be released to the appropriate representative of that institution. Your written permission will be sought for all other uses, unless required by law.

**Student Initials:**

You have received and reviewed a Student Handbook and the ACPE Standards governing CPE as provided you during orientation. You have had the opportunity to review the policies and Code of Ethics of ACPE and SMPCC during orientation and understand their importance for you as a minister in this program. You agree to complete the paperwork and clinical work as described in this handbook and to function professionally by the center’s policies and code of ethics.

**Student Initials:**

You understand that the unit’s tuition is $1,800.00 and must be paid by the last week of training unless otherwise negotiated. Failure to pay in full may result in your being denied credit and, in your being, denied entry into future units of CPE.

**Student Initials**:

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

**Student (Printed Name) Date / /**

**(Signature)**

**Educator/Candidate Date / /**

## PLACEMENT APPROVAL FORM

###### PARISH AND COMMUNITY CPE PROGRAM

**St. Matthews Pastoral Counseling Center 3515 Grandview Avenue**

**Louisville, Kentucky 40207**

**Phone 502-893-9831**

###### FAX 502-896-0439

This is to certify that (student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) is currently serving a ministry placement as (student’s ministry title) at the

(Name of Placement)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address of Placement) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student is currently providing an average minimum of 20 hours in ministry service each week.

It is understood by the congregation/institution that (student’s name) is

concurrently enrolled in a unit of Clinical Pastoral Education under the supervision of Wade Rowatt, Ph.D., David C. Johnson D, Min., and Matt Andrews, D, Min., at the St. Matthews Pastoral Counseling Center with the above listed ministry service as the focus of field placement and clinical study for the duration of the CPE program.

It is also understood that the educator will make one site visit during the course of this unit of CPE to observe and/or participate with the student, hold conferences with the senior minister(s), and/or meet for conversations with some representatives of the church/institution lay ministry team. The student will present confidential case studies from her/his ministry placement for supervision.

Date

(Authorized Print & Signature)

(Title of person signing)

Date

(Student’s Print & Signature)

Date

ACPE Clinical Educator

Date

ACPE Clinical Educator or CEC if applicable

#### VIDEO RECORDING CONSENT FORM

This Consent Form must be reviewed, signed, and dated by the CPE student prior to formal admission to a Clinical Pastoral Education Program supervised by a Certified Educator Candidate or Certified Educator. The specific program and dates of the unit must be included as well. **This Consent Form is to be included in the CPE student’s formal acceptance packet. The student is then asked to sign and return this form if he/she decides to join the unit. A student’s acceptance in the CPE program unit is not finalized until the signed Appendix 5 Consent Form has been received.**

**Note: Only the Appendix 5 Consent Form is acceptable for obtaining a student’s written permission to use personally identifiable materials.**

**Confidentiality:** Persons seeking certification are not to use personally identifiable materials about CPE students. Certified Educator Candidates and Associate Certified Educators will inform a CPE student in the initial interview(s) and any follow-up interview(s) that the CPE student’s clinical materials and recorded and/or live observation media that are pertinent to the supervisor’s process toward certification as an ACPE Certified Educator will be used from the unit.

If CPE students indicate they are not okay with this during the interview(s), they will be informed during the interview(s) of other CPE groups either in the earning Center and/or in the greater area to which they could apply that are not supervised by Certified Educator Candidates or Associate Certified Educators.

I understand that Dr. Matt Andrews, Certified Educator Candidate, will use my written evaluation, the above-named educator’s written evaluation of me, and other clinical materials pertinent to the above-named supervisor’s process toward certification as an ACPE Certified Educator, and I understand that such materials may identify me. I understand that the above-named educator will use recorded and/or live observation media that are pertinent to the above-named educator’s process toward certification as an ACPE Certified Educator, and I understand that such media may identify me. I understand that this use is solely for the purpose of the above-named educator’s professional development and certification. I understand that my written materials and live/recorded observation media that may identify me may be read, heard, viewed, and discussed by the above-named educator’s professional colleagues as they assess the above-named educator’s professional development and competence as an ACPE Certified Educator.

**My signature grants consent to all of the above**. **This consent form has been reviewed, signed, and dated prior to formal admission to a Clinical Pastoral Education Program supervised by an ACPE Certified Educator Candidate or Associate Certified Educator.**

Student’s Name Print & Signature Date

Type of Unit (Residency, Summer, Extended) Dates of the Unit

St. Matthews Pastoral Counseling Center Clinical Pastoral Education

**Policy for Video Conferencing**

Due to the COVID19 Pandemic, St Matthews Pastoral Counseling Center has decided to conduct the Spring 2024 CPE unit via the Zoom platform synchronously (face to face) via video conferencing. This virtual implementation has continued through the duration of the pandemic crisis. Some support materials for didactics, discussions, and research may be provided asynchronously.

We have adopted the following guidelines for using video conferencing during this unit. As need might dictate, these can be negotiated with mutual agreement of the educator, the student and their site mentor so long as these maintain the ACPE Standards of Accreditation in effect at that time.

* 1. The site visit and contact with the site mentor will be in person if possible, under the current guidelines for COVID19 from the Center for Disease Control. When this is not deemed safe by either party, then the site visit and conversations will be conducted on a secure Zoom Platform or other secure video platform hosted by the SMPCC Educators.
	2. The Educator will visit (**or video conference**) the ministry placement site at least once prior to midterm and may contact the site mentor to discuss the student’s clinical work, ministry activities, and engagement in the CPE process.
	3. Each student enrolled will need a computer, IPad, or phone with technology to participate via Zoom. SMPCC does not provide this equipment but will work applicants to assist them if possible.
	4. An educator will conduct an orientation with each student prior to beginning the unit, unless the student is already a Zoom user. Then the video conferencing expectations and etiquette will be covered during orientation.
	5. All individual and group supervision must be conducted through face-to-face interaction. In the event that a student cannot participate due to technological issues, those hours must be made up at a later time in a synchronous meeting with the educator.
	6. The video conferencing component will be a part of the student’s self-evaluation of this CPE program and during an exit interview with a member of the Professional Advisory Committee of this program. These findings will be presented to the PAC and the Educators for evaluation and for preparation of future units in this program.

# Virtual Presence Individual Supervision Release Form

During the process of this unit of Clinical Pastoral Education, a student has the opportunity to engage in virtual supervision if it is beneficial to the educational process and wellbeing of that student and the individual supervisor. Platforms utilized for this supervision will be Facetime and/or Zoom. These meetings will be set up in advance to ensure that adequate opportunity to preserve privacy and focus has been made. In signing this document, the student acknowledges that St. Matthews Pastoral Counseling Center Parish Based CPE Program does not host or own these platforms. The performance and protection of these virtual transmissions is solely the responsible of the website host. Acknowledging this third-party method of communication limits the liability for protected information should those platforms be breeched during virtual supervision. Virtual supervision will only take place after this consent form is signed and meeting times are mutually agreed upon by student and individual educators. If a student does not feel comfortable with the protections provided by virtual meeting hosts, alternative means of individual supervision will be found through mutual exploration of student and educators.

Student (Name Print & Signature) Date

St. Matthew Pastoral Counseling Center: Parish Based CPE

**Family Education Rights and Privacy Act (FERPA) Annual Notice 2022**

The *Family Education Rights and Privacy Act (FERPA)* applies to all ACPE CPE programs. *FERPA* addresses *privacy* not *confidentiality* issues. This means students own the information about them and must know what is being collected and how it is being used. Their information cannot be shared without their written permission.

* + 1. This ACPE CPE center/program guarantees to its students the right to inspect and review education records, to seek to amend them, to specified control over release of record information, and to file a complaint against the program for alleged violations of these Family Education and Privacy Act (FERPA) rights.
		2. Directory information is student information not generally considered harmful or an invasion of privacy if released.
			- Directory information includes name, address, email, and telephone. *All other*

*information is released only with the student’s written, signed, dated consent*

*specifying which records are being disclosed, to whom, and for what limited purpose*.

* + - * Before releasing information, students must have received the *Annual Notice*.
			* Current students can restrict directory information and/or record access at any time during attendance. Restrictions must be honored even after the student’s departure. Former students cannot initiate new restrictions after departure.
			* In order to initiate restrictions, students should send a written, signed, dated “opt out” request to the Director of the St. Matthews Pastoral Counselling Center Parish CPE program.
		1. A student record is: (1) any record (paper, electronic, video, audio, biometric, etc.)

directly related to the student, from which the student’s identity can be recognized; and

(2) maintained by the education program/institution or a person acting for the institution.

* Application materials of students admitted and matriculated are part of the student record.
* Application materials for others are subject to particular state privacy laws for their retention, use and destruction. If no applicable laws exist, the center creates, publicizes, and follows its own protocol.
	+ 1. After a student’s completion of a unit of CPE, the official student record consists of the application face sheet, the signed Placement Agreement, the signed Certificate of Orientation, the ACPE Certified Educator’s written evaluation report, and the student’s

own written evaluation report and is maintained according to the ACPE centers policy for the maintenance of student records.

* + 1. A student has the right to object to record content. If not negotiable, the written objection will be kept with and released with the record. Grades are exempted from this right.
		2. Within this CPE center, the ACPE Certified Educator(s), Certified Education Candidates, as well as administrative staff when acting on instructions from supervisory staff, are considered education officials with legitimate education interests who have access to student records without student consent. Legitimate education interests include but are not limited to the writing of evaluations and preparation of accreditation or certification materials as well as record inspections during ACPE accreditation review.
		3. Students have the right to review their record within 45 days of their request for

review. Record inspection cannot be denied based on student’s inability to come to the site or outstanding financial obligations. In the latter case, the ACPE center at St. Matthews Pastoral Counseling Center will note on any copies sent, “not available for official use.” When a student record contains identifiers of another student, those must be redacted.

Violations of these protocols may be reported to the Chair of the Accreditation Commission at ***ACPE,***

1 Concourse Parkway Suite 800

Atlanta, Georgia 30328

Phone (686) 636-6214

Fax (404) 320-0849

[www.acpe.edu](http://www.acpe.edu/)

Student (Name Print & Signature) Date

Clinical Education/Clinical Educator Candidate Date