

LUTHERAN SERVICES NEW YORK ALLIANCE (LSNYA)---CPE
CPE POLICY # 10 AGREEMENT FOR TRAINING
AND CONSENT FORM

(Policy reference: ACPE Standard 304.9)

PURPOSE: To assure that all CPE Chaplain Interns, Residents and Supervisory Education Students (SES's) are informed of the basic processes of the CPE educational experience that warrant their consent, and to obtain their agreement to policies and procedures concerning confidentiality, written, video, or audio materials, ACPE Standards, CPE program policies, tuition, professional ethics, and consent to release information.

A. AUTHORIZATION: Acceptance into a LSNYA CPE program authorizes each CPE Chaplain Intern or Resident to visit ministry clients and SESs to supervise or assist in the supervision of CPE Interns and Residents, and both to have access to appropriate clinical records of ministry clients in accordance with the policies and procedures of the ministry site placements.

Intern/Resident/SES Initials: _____

B. CONFIDENTIALITY: CPE program requirements include the submission of written materials that are considered beneficial to your educational process. These materials are based on your client visits and other ministry experiences as well as educational program experiences with peers and supervisors. Confidentiality is basic to professionalism and any communication, written or verbal, regarding ministry clients, CPE peers or supervisors outside of care and treatment professionals and/or educational circles is prohibited, except as required by law for the safety of ministry clients, students or their families or others. Breach of this standard of professional confidentiality as determined by the center's management might result in your immediate termination. Intern/Resident/SES Initials _____

C. USE OF TRAINING MATERIALS: The materials submitted to your assigned CPE supervisor concerning you and your ministry as a CPE Chaplain Intern, Resident or supervision as an SES, may be used in the learning process of peers in training and/or in discussion among the Center's other CPE supervisors as well as Site Advisors with the understanding that these persons are part of the confidentiality of professional educational contacts. Your assigned supervisor may also use your materials with other ACPE Supervisors and other professionals from whom he/she may seek consultation as a part of her/his professional development or as part of research intended to contribute to the field of clinical pastoral education and/or clinical pastoral care. Your materials, including evaluative material, may also need to be available for certification or accreditation purposes, research projects, or a complaint or appeal involving these processes. In all instances of use beyond this CPE Center's professional training circle, and/or your supervisor, unless law requires full disclosure of the documents, your supervisor will attempt to sufficiently alter the material to obviate disclosure of your personal identity.

I understand and approve: Intern/Resident/SES Initials: _____

D. EVALUATION: Your written self-evaluation and your CPE Supervisor's written final evaluation of each CPE unit may be shared with individuals invited by your CPE Supervisor to participate in your unit and/or final evaluation process. All other instances of sharing your self-evaluation or your supervisor's evaluation of your CPE experience require a written release signed by you, unless the evaluations are being used exclusively within the professional educational circle of the CPE faculty at the Center.

Further, unless law requires full disclosure of these documents, your supervisor will attempt in all instances to sufficiently after the evaluation(s) to obviate your personal identity being disclosed.

Intern/Resident/SES Initials: _____

E. ACPE STANDARDS: Please acknowledge that you have received and reviewed the LSNYA CPE Handbook that governs your particular CPE program and level, and that you have been informed of its contents during orientation, including especially the importance of the Policy statements and the ACPE Standards, and further that you have been informed about how you may access additional Standards and ACPE Manuals as well as obtain other information about ACPE from the CPE Program Director, your CPE Supervisor and through your Site CPE Advisor. Also, please acknowledge that you understand that you will be requested to return the CPE Handbook at the end of the unit. Intern/Resident/SES _____

F. TUITION: Please acknowledge that you understand that each unit's tuition, as established in CPE Policy #3-- Financial Policy, must be paid in full on or before the first day of the unit unless otherwise negotiated and agreed to, in writing, by your assigned CPE Supervisor and CPE Director. Failure to pay-in-full the tuition will result in withholding of the final Supervisory Evaluation for the unit of training until payment-in-full is made, and may result in your being denied admission to any future unit of CPE.

Intern/Resident/SES Initials: _____

G. PROFESSIONAL ETHICS: In all of your activities during your CPE educational experience you agree to function professionally and within the Code of Professional Ethics as contained in ACPE Standards 100, 101 and contained in CPE Policy # 8, as well as the behavioral expectations outlined in CPE Policy # 7 in the LSNYA CPE Handbook, and to abide by all Center policies. Please acknowledge that you have reviewed these documents during orientation, and understand their intentions and professional expectations.

Intern/Resident/SES Initials: _____

H. VIDEO OR AUDIO TAPING: I agree to allow video or audio taping of my individual or group supervisory sessions---to be used exclusively for educational purposes only, and will not be available to others without my written consent. I understand that I may request the termination of taping at any time. The tapes may be kept on file for a period of not longer than one (1) year and then will be destroyed.

Intern/Resident/SES Initials: _____

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

CPE Chaplain Intern/Resident/SES—Print and sign

Date

Primary CPE Supervisor---Print and sign

Date

CPE Program Director---Print and Sign

Date