

Please respond to each of the following items. Your typed responses on separate pages would be appreciated.

1. Please complete the attached form and mail to Community Hospice & Palliative Care. Read instructions carefully before submitting. International applicants have additional requirements and deadlines. You may want to make a copy of a blank form before entering any data.
2. A reasonably full account of your life. Include, for example, significant and important persons and events, especially as they have impacted, or continue to impact, your personal growth and development. Describe your family of origin, current family relationships, and important and supportive social relationships.
3. A description of your spiritual growth and development. Include, for example, the faith heritage into which you were born and describe and explain any subsequent, personal conversions, your call to ministry, religious experiences, and significant persons and events that have impacted, or continue to impact, your spiritual growth and development.
4. A description of your work (vocational) history. Include a chronological list of jobs/positions/dates of employment and a brief statement about your current employment and work relationships.
5. An account of a "helping incident" in which you were the person who provided the help. Include the nature and extent of the request, your assessment of the issue(s), problem(s), situation(s). Describe how you came to be involved and what you did. Give a brief, evaluative commentary on what you did and how you believe you were able to help. If you have had prior and **recent** Clinical Pastoral Education (CPE), please attach a copy of a **recent** verbatim as your 'helping incident' and add to the verbatim your own notes on how and what you learned from sharing this verbatim with your supervisor and/or peers. If you have had CPE, but it was more than two years ago, include a recent account of a helping incident, written up in a verbatim format. If possible, include feedback from current pastoral colleagues and/or administrative supervisor.
6. Your impressions of Clinical Pastoral Education. Indicate, for example, what you believe or imagine CPE to be. Indicate if CPE is being required of you. Indicate any learning goals or issues of which you are aware and would like to address in CPE. Finally, indicate how CPE may be able to help you meet needs generated by your ministry or call to ministry. If you have had prior CPE, please indicate the most significant learning experience you had during CPE. State how you have continued to use the clinical method since your previous experience. Indicate strengths and weaknesses that you have as they relate to your ministry and your identity as a professional person. Indicate any personal and/or professional learning goals and issues that you have at this time and how you believe that CPE will help you to attain or address these learning goals and issues.
7. You are required to complete an admissions interview with an ACPE Certified Educator or a person approved by the center to which you are applying, or at the center to which you are applying. This will be set up once application, fee and three references have been returned. If you are accepted as a spiritual care intern in CPE, you will also need to apply online to be a Community Hospice & Palliative Care volunteer.
8. Submit a \$25 application fee payable to: Community Hospice & Palliative Care, memo: CPE app. If you interview at another center and wish for that center to send us the interview transcript in lieu of an interview, you will be required to pay the usual application fee of \$25 to Community Hospice & Palliative Care.
9. If you are an international applicant, you will have to obtain appropriate documentation from U.S. Immigration, which usually implies a visa and a U.S. Social Security Number. Therefore, international applicants should have such documentation approved at least six (6) months prior to the start of the program to which they are applying. If offered employment, can you submit verification of your legal right to work in the U.S.? Yes\_\_\_ No\_\_\_
10. An applicant with prior CPE should attach all previous self and supervisory evaluations and your signature below indicates you give permission for your previous CPE centers to release your evaluations for purposes of this application process.
11. Retain your own copy of this completed application and bring it with you to any interview for CPE.
12. Have you ever been convicted or pleaded *nolo* to a misdemeanor, a felony or other crime? Yes\_\_\_ No\_\_\_
13. Please attach a current résumé.

I certify that all information in this application is factually true, complete and honestly presented. I understand that I may be subject to disciplinary action, including admission revocation or program expulsion, should the information I've certified be false. I hereby give permission to the ACPE center to which I am applying to access my CPE evaluations and contact previous supervisory personnel about matters pertaining to this current application, and I consent for those contacted to provide the information sought. I verify that if sending this application electronically, it constitutes my electronic signature. By signing this, I affirm that I have read the Annual Notice regarding Maintenance of Student Records and Privacy Notice (see pages 3-6 of this application).

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

Mail application and \$25 application fee to:

**Community Hospice & Palliative Care**

4266 Sunbeam Road, Jacksonville, FL 32257

Email: [rwilder@communityhospice.com](mailto:rwilder@communityhospice.com)

Phone: 904.407.6217

Fax: 904.407.8172

Applying for: Level 1 Fall/Winter Extended \_\_\_\_\_ Level 1 Summer Intensive \_\_\_\_\_ Earliest date you can begin: \_\_\_\_\_

**Directory Information**

Name: \_\_\_\_\_ U.S. Citizen: Yes No

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Country & ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Day Tel: \_\_\_\_\_ Alt Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Permanent address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

ZIP: \_\_\_\_\_ Country: \_\_\_\_\_ Alt Email: \_\_\_\_\_

Denomination/Faith Group Affiliation: \_\_\_\_\_

Jurisdiction/District/Diocese/Conference/Assoc: \_\_\_\_\_

Jurisdictional Authority (name/title): \_\_\_\_\_

Local Church & Ministry Position: \_\_\_\_\_

Ordained/Licensed/Appointed: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Seminary: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Prior CPE Dates:	Center	Supervisor

**Academic Reference**(Name/Title): \_\_\_\_\_

Tel: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**Denominational Reference** (name/title): \_\_\_\_\_

Tel: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**Personal Reference** (name/relationship): \_\_\_\_\_

Tel: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**ACPE Interviewer** (name/title): \_\_\_\_\_

Admissions Interviewer: \_\_\_\_\_

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

Interviewer's Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ANNUAL NOTICE FOR MAINTENANCE OF STUDENT RECORDS**

Clinical Pastoral Education at Community Hospice & Palliative Care  
A Level I and II CPE Satellite of Baptist Health System  
An CPE Center Accredited by ACPE, Inc.

**PURPOSE OF ANNUAL NOTICE:**

Community Hospice and Palliative Care (Community Hospice), a satellite Clinical Pastoral Education (CPE) Program of the Baptist Health System (Baptist Health) CPE program, contracts for Baptist Health to retain student records in accordance with the Association of Clinical Pastoral Education, Inc. (ACPE) Standards, maintaining confidentiality and appropriate accessibility of record information. Baptist Health complies with the "Family Educational Rights and Privacy Act (FERPA)" regarding privacy, collecting/gathering, storing and releasing of student information.

**DEFINITIONS:**

1. **Association of Clinical Pastoral Education, Inc. (ACPE):** Nationally recognized as a standard setting and accrediting resource agency in the field of pastoral care by the U.S. Department of Education.
2. **ACPE Center (Accredited Center):** An administrative structure or entity authorized by the ACPE Accreditation Commission to conduct programs of CPE (Level I/Level II). An ACPE accredited center is responsible for providing, or contracting for, and coordinating those components identified by ACPE standards as necessary for clinical pastoral learning to occur. The term applies to such structures with Candidacy or Accredited Member status.
3. **Family Educational Rights and Privacy Act (FERPA):** A Federal law that protects the **privacy** of student education records. The law allows students the right to access their education records; to seek to amend their records if they believe they are inaccurate or misleading; and to control the disclosure of record information. The law applies to all ACPE CPE programs.
4. **Satellite Program:** Offered by an ACPE Accredited Member center, known as the "host center," through a sponsoring institution or agency external to the center. A satellite program is created to provide programs of CPE of the host center; the satellite program may not function on its own and does not have any type accreditation extended except to provide the programs outlined in the satellite program contract. If a satellite program wishes to function in a more autonomous manner, it may apply to become an Accredited Member center as detailed in ACPE Accreditation Manual 2015.
5. **Student:** A person admitted to and participating in a CPE program. For purposes of this policy, the following are considered CPE students: **Spiritual Care Interns:** A person seeking to earn a unit of CPE who is enrolled in either the Extended Intern unit or the Intensive Summer unit of CPE covering Level I and/or Level II Outcomes. The intern pays Community Hospice for this educational opportunity and liability is covered under Volunteer Services.
6. **Student Record:** (ACPE Accreditation Manual 2015, Appendix 7B Guide for Student Records.)
  - A. Any record (paper, electronic, video, audio, biometric etc.) directly related to the student from which

the student's identity can be recognized

- B. Any record maintained by the education program/institution or a person acting for the institution.

### **PROCEDURE:**

#### **Annual Notice**

1. Annually, prior to the start of each program, an updated declaration of privacy ("Annual Notice") explaining protocols for the proper handling of student records is published and a copy placed in the CPE "Student Handbook" and the center's handbook. A copy of the Annual Notice is sent to students upon receipt of their student application and prior to their interview.
2. The Annual Notice states:
  - A. "This ACPE CPE center/program guarantees to its students the rights 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."
  - B. When necessary, permission is obtained from each student to publish common directory information (e.g., name, address, email, telephone, date of birth, religion, previous education, and/or photograph) at least one (1) week prior to the start of program.
  - C. Details of record management protocols: "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."

#### **Student Records**

1. At the time of orientation to the Program, students are made aware of information being collected in their student record and how it is being used.
2. During a unit of CPE training, each student's file will contain an agreement for training that includes, but is not limited to:
  - A. Authorization to visit patients, parishioners or clients;
  - B. Access to appropriate clinical records and informed consent with regard to use of student materials; and
  - C. Agreement by the student to abide by the center's policies and procedures protecting confidentiality and the rights of clients/patients.
3. At the end of each unit of CPE, student records are diminished to include:
  - A. ACPE application face sheet with updated directory information.
  - B. Student's self-evaluation.
  - C. CPE Certified Educator's final evaluation report
4. Records for students who are in training sponsored by the Veterans Administration (VA) are required by the VA to contain the original VA application face sheet and VA approval sheet for each unit of CPE training.

**Record Management**

1. The center will retain student records for a minimum of ten (10) years. After ten (10) years, the center may destroy student records except for a face sheet with identifying information.
2. All student records for units of CPE earned while Community Hospice is a Satellite of Baptist Health are maintained by the Pastoral Care Office of Baptist Health System, Baptist Medical Center - Downtown. The Baptist Health Director of Pastoral Care and the director's administrative assistant/designee are responsible for confidential management of all CPE records. ACPE Certified Educators at Baptist Health and Community Hospice may access student files, but only by way of the Baptist Health Director of Pastoral Care or the director's administrative assistant/designee.
3. The Community Hospice CPE Certified Educator/Chaplain maintains duplicate copies of student records that are secured in a locked file cabinet in the office of the CPE Certified Educator/Chaplain (originals are maintained in Baptist files as stated above). The CPE Certified Educator/Chaplain or designee is responsible for confidential management of all duplicate records. **Note:** In the event the Center ceases to be accredited or is without a CPE Certified Educator for a prolonged period of time, duplicate CPE records will be destroyed.
4. All records maintained at Baptist Health or Community Hospice must be kept confidential and returned to locked storage or secured on the organization's hard drive at the end of the work day.
5. Files of students taking additional units of CPE are maintained in the latest training year section.
6. All application materials are kept in strict confidence and accessed only by the interview committee and returned to the applicant or destroyed after admission decisions have been made.
  - A. Application materials are kept private in a locked file cabinet in the Pastoral Care Department at Baptist Health, and only accessed by the Director of Pastoral Care and the director's administrative assistant/designee.
  - B. Applicants may request materials be retained for application to a future unit of training. These materials are placed in the latest active application section.
  - C. Privacy documents are destroyed at this center by means of a secured shredder company.

**Access to Student Records**

1. Students are responsible for retaining copies of their own records of certified educator's evaluations and student's self-evaluations, levels of units completed, committee reports, and any application or learning process materials for future use.
2. Students may request that the center forward reports/evaluations to schools, denominations and other CPE centers. The request must be written, signed and specific.
3. Students have a right to access their records at any time by contacting the Baptist Health Director of Pastoral Care or director's administrative assistant/designee or Community Hospice CPE Educator/Chaplain to ensure privacy of all files.
4. VA students are required to allow access to their student file by a VA representative for Approval of Training for purposes of program evaluation at the CPE Center.

5. Students have a right to disagree with the content of their files and may add an addendum to any evaluation or document indicating a disagreement.
6. Requests for grades or special reports must be made at the beginning of each unit and will be deemed attachments to the student or certified educator's evaluation.
7. At the end of each unit of training, the Baptist Health Pastoral Care and Education Department administrative assistant/designee electronically submits a completion report to ACPE, Inc. registering the student's name, address, denomination and level of unit completed. The unit report remains in a permanent file in the ACPE National Office.
8. Students must sign a release or send a written/signed request for release of unit reports (e.g., submission to seminaries, denominations and/or other CPE centers).

**Violation of Protocol**

If a current or former student believes there has been a breach in protocol, the student may report the alleged violation to:

**Chair of the Accreditation Commission  
ACPE, Inc.  
One West Court Square, Suite 325  
Decatur, GA 30030**