

### Annual Notice

The *Family Education Rights and Privacy Act (FERPA)* gives us guidelines for the maintenance of student's records. This guideline addresses *privacy and not confidentiality* issues for CPE student's records in Centura Health's Clinical Pastoral Education System-Center.

**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.**

In Centura Health CPE, we publicize this *Annual Notice* informing you of our protocols for the handling of your record. **A student record is:** any record (paper, electronic, video, audio, biometric etc.) directly related to you as a student or from which your identity could be recognized indirectly. You own the information about you and we want you to know what is being collected, stored and how your documents are to be used and kept private within our center. Student personal records will not be released without the written consent of the student.

**Application Material** - Any material submitted in or with your application and references may be viewed by the CPE Supervisors, local Pastoral Care Advisory group for admission into our program center and/or site, or those with a legitimate educational interest.<sup>1</sup>

**For each student admitted,** we keep (1) the ACPE face sheet with directory information, (2) the CPE Supervisor's evaluation report, and (3) your own final evaluation report, if submitted.

It will not be available to anyone else except with your written permission.

**For students not admitted** - Application materials from students that were not accepted into our program are subject to Colorado state privacy laws. These will remain private, outside of the reviewing committee, and will be destroyed after the beginning of the unit applicable.

**Directory Information** is intended for public distribution and can be released without your consent unless you opt out (see below). Examples of directory information include: home and school address, completion of school, certificate and/or degree. In ACPE it applies to CPE information about the student (name, address, denomination, and unit of CPE successfully completed) that will be sent to the ACPE office on a student unit electronic report at the completion of each unit of CPE. Current students can restrict directory information and/or record access at any time during attendance. Restrictions will be honored even after the student's departure. **Note** - Former students cannot initiate new restrictions after departure.

### Centura Health CPE student file protocols

1. A copy of the CPE Supervisor's evaluation report will be given to the student within 45 days of the end of the CPE unit.
2. Centura Health student files will be maintained for a period of ten (10) years. The student has the responsibility to maintain his/her own file for future use.
3. All student files are to be released only after:
  - The student's written, signed, dated consent is received, specifying which records are being disclosed, to whom, and for what limited purpose.
  - Students have received and signed the *Annual Notice*.
4. *It is the student's responsibility to keep copies of their evaluations for future use.* Centura Health will not keep a permanent file with evaluation reports past the ten (10) year limit.
5. All student records are kept in locked private files. Electronic records are password protected.
6. In the event the Clinical Pastoral Education program should cease to exist, student records will be sent to the national ACPE office in Decatur, Georgia, and maintained for four (4) years.
7. **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.**
8. A student may request access to their file by written request. Students will be able to review their record within 45 days of request or less. Record inspection will not be denied based on the student's inability to come to the site or outstanding financial obligations. If there is any outstanding financial obligation, the copy sent will read "not available for official use."
9. CPE students are expected to give written consent for copies of the supervisor's evaluation reports (and their own if applicable) to be sent to their theological school.
10. *Exceptions:* Certain exceptions concerning the release of information exist to protect the health or safety of the student or others, and for the purpose of accreditation or complaint review, or as required for legal processes. Before releasing any material in these circumstances, we would consult with the ACPE Executive Director or Associate Director. In addition, if there are outstanding financial obligations, any copy made of the record will be marked "not available for official use."

**Violations of these protocols may be reported to the Chair of the Accreditation Commission at: ACPE, 1549 Clairmont Road, Suite 103, Decatur, GA 30033.**

\_\_\_\_\_ I have read this Annual Notice and agree to the release of record and directory information as described above.

\_\_\_\_\_ I choose to opt out of the release of the following record and directory information:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> *Legitimate educational interest* includes consulting a student's record when the student (a) expresses interest and/or applies to do more CPE at the center; (b) is currently enrolled in CPE at the center; (c) requests a copy of his/her record.

**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 the Center or Cluster to which you are applying. 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** 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 supervisor or a person approved by the center to which you are applying, or at the center to which you are applying. Contact the center to check on their policy regarding admission interviews.
8. CPE Centers often require an application fee. Please check this requirement in advance of submitting this application. If you are interviewing at a center other than the one to which you are applying, you may be required to pay an interview fee, usually due at the time of the interview.
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 US 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 pled *nolo* to a misdemeanor, a felony, or other crime? Yes\_\_\_ No\_\_\_
13. Please attach a current resume.

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 in this application electronically it constitutes my electronic signature.

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

## Application for Clinical Pastoral Education

Print or type responses and mail completed application to the Center or Cluster to which you are applying.

Applying for: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ 12 month residency\* \_\_\_\_\_ Extended Unit \_\_\_\_\_

Preferred program/site: \_\_\_\_\_ Earliest date you can begin: \_\_\_\_\_

\*Please note that residency programs usually require an in-person interview in their admissions process.

### Directory Information

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

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

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

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

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

Grad Schl: Degree/Date: \_\_\_\_\_

Prior CPE Dates:	Center	Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Academic Reference

(Name/Title): \_\_\_\_\_

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

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

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

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

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

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

CPE is not a trademark and variously accredited programs are advertised and offered. This application form has been approved and provided by the Association for Clinical Pastoral Education, Inc.

1549 Clairmont Road, Suite 103 ■ Decatur, GA 30033-4635

Phone: 404/320-1472 ■ Fax: 404/320-0849

Email: [acpe@acpe.edu](mailto:acpe@acpe.edu) ■ Website: [www.acpe.edu](http://www.acpe.edu)

Interviewer's Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_