APPENDIX 5

CONSENT FORM

This Consent Form (Appendix 5) must be reviewed, signed, and dated by the CPE student prior to formal admission to a Clinical Pastoral Education Program supervised by a Supervisory Candidate or Associate Supervisor. 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 the Appendix 5 Consent 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 (Std. 101.5): Persons seeking certification are not to use personally identifiable materials about CPE students. Supervisory Candidates and Associate Supervisors 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 Supervisor 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 Learning Center and/or in the greater area to which they could apply that are not supervised by Supervisory Candidates or Associate Supervisors.

I, _____, understand that
Student
_____ will use
Supervisory Candidate or Associate Supervisor

my written evaluation, the above-named supervisor's written evaluation of me, and other clinical materials pertinent to the above-named supervisor's process toward certification as an ACPE Supervisor, and I understand that such materials may identify me. I understand that the above-named supervisor will use recorded and/or live observation media that are pertinent to the above-named supervisor's process toward certification as an ACPE Supervisor, and I understand that such media may identify me. I understand that this use is solely for the purpose of the above-named supervisor'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 supervisor's professional colleagues as they assess the above-named supervisor's professional development and competence as an ACPE Supervisor.

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 a Supervisory Candidate or Associate Supervisor.

_____ _____
Signature **Date**

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