



**Miravida Living**  
**CPE-ACPE Program**  
225 N. Eagle St. Oshkosh WI 54902  
(920) 232-5242 email- [drumbold@miravidaliving.com](mailto:drumbold@miravidaliving.com)  
Chaplain David Rumbold, CPE Supervisor

## Application for Clinical Pastoral Education Association for Clinical Pastoral Education, Inc

Name \_\_\_\_\_ email address \_\_\_\_\_

Present Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Permanent Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

Association, Conference, Diocese, Presbytery, Synod \_\_\_\_\_

Present Position \_\_\_\_\_ Ordained ? \_\_\_\_\_ Date: \_\_\_\_\_

**EDUCATION:** \_\_\_\_\_ Degree

College \_\_\_\_\_

Seminary \_\_\_\_\_

Graduate Study \_\_\_\_\_

### PREVIOUS CLINICAL PASTORAL EDUCATION:

Dates	Center	Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____

### REFERENCES AND ADDRESSES:

Denomination/Faith Group \_\_\_\_\_

city/state/zip \_\_\_\_\_ Telephone \_\_\_\_\_

Academic \_\_\_\_\_

city/state/zip \_\_\_\_\_ Telephone \_\_\_\_\_

Other \_\_\_\_\_

city/state/zip \_\_\_\_\_ Telephone \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:**

1. A **reasonably full account of your life**, including important events, relationships with people who have been significant to you, and the impact these events and relationships have had on your development. Describe your family of origin, your current family relationships and your educational growth dynamics.
2. A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief systems.
3. A description of the development of your work (vocation) history, including a chronological list of positions and dates.
4. A **recent** account of an incident in which you were called to help someone, including the nature of the request, your assessment of the "problem", what you did, and a summary evaluation. If you have had previous CPE, include this information in verbatim form.
5. Your impression of Clinical Pastoral Education and your educational goals, including how this training will be used to meet your goals for doing ministry.
6. Application fee of \$25.
7. Admissions Interview: **The interview must be done in person for our residency program.** The interview date will be Mid-May. If you are not able to attend these interviews you must request special considerations and negotiate another time to meet with the interview team.

**THOSE WITH PREVIOUS CPE SHOULD COMPLETE THE FOLLOWING: \***

1. Copies of previous CPE evaluations written by you and your supervisor.
2. What are your personal and professional goals and how will continued training aid that process?

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

Accredited by: Association for Clinical Pastoral Education  
Ivan Allen Jr. Boulevard Suite 835  
Atlanta, GA 30308  
Phone: (404) 320-1472  
Fax: (404) 320-0849  
Email: [acpe@acpe.edu](mailto:acpe@acpe.edu)

**We are a training Center.**  
**The attached Agreement for Training, and Consent forms are a required agreement for acceptance into our program.**  
**There is also notification of our policy and procedures regarding your Personal Information.**

## AGREEMENT FOR TRAINING

CPE is conducted as an “education for ministry experience”. This document and acceptance into our program, authorizes you to visit residents as a Chaplain Intern or Chaplain Resident, to be informed of their situation (physically, spiritually, emotionally, psychologically, and sociologically), to have access to their clinical records, and to write materials that would be most beneficial to your educational process based on your visits under the direct supervision of an assigned ACPE Supervisor, Associate Supervisor, or Supervisor-in-Training. Confidentiality is basic to professionalism and any communication regarding patients outside our professional treatment and/or training circles is prohibited, except as required for the safety of residents, families or others. Breach of this standard of professional confidentiality is determined by our management team and may result in your immediate termination.

Intern/Resident Initials: \_\_\_\_\_

The material submitted to your assigned supervisor concerning you and your ministry as a Chaplain Intern/Resident may be used in the learning process of supervisors-in-training and/or discussion among the supervisors with the understanding that these persons are part of the professional training circle. Your materials may also be used by your assigned supervisor 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. In all instances of use beyond this center’s professional training circle, unless full disclosure of the documents is required by law, every effort will be made to sufficiently alter the material to obviate your being identified as the Chaplain Intern/Resident.

Intern/Resident Initials: \_\_\_\_\_

Your written evaluation and your supervisor’s written unit evaluation may be shared with individuals invited by you, or your supervisor, to participate in your evaluation process. All other instances of sharing your evaluation material, or your training experience, will require a written release signed by you, unless 1) the evaluations are being used exclusively within the professional training circle of the center or 2) full disclosure of the documents is required by law. When used for training, the material will be altered to obviate your being identified as the Chaplain Intern/Resident.

Intern/Resident Initials: \_\_\_\_\_

You have received and reviewed the Student Handbook and the ACPE Standards governing Clinical Pastoral Education as provided you during your orientation. You have had opportunity to review the policies and ACPE Standards with your supervisor during orientation and now understand their importance for you as a Chaplain Intern/Resident.

Intern/Resident Initials: \_\_\_\_\_

You understand that each unit's tuition must be paid by the beginning of the unit unless otherwise negotiated and agreed to, in writing, by your assigned supervisor. Failure to pay-in-full the tuition will be handled according to the Financial Policy.

Intern/Resident Initials: \_\_\_\_\_

In all of your activities during your Chaplain Internship/Residency you agree to function professionally and within the Code of Professional Ethics as contained in ACPE Standards 100. A copy of the ACPE Standards containing the Code of Professional Ethics has been provided to you and reviewed with you during your orientation so that you now understand its intentions and requirements of you professionally.

Intern/Resident Initials: \_\_\_\_\_

I agree to the video or audio taping of my individual or group sessions. They will be used 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.

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

\_\_\_\_\_  
Signature of Chaplain Resident/Intern

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Signature of Primary Supervisor

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Signature of Director of CPE

\_\_\_\_\_  
(date)

# ACPE Use of Clinical materials Consent Form

**This form must be reviewed and signed by the CPE student prior to formal admission to an ACPE accredited CPE program and at the start of each subsequent unit in which the student enrolls.**

CPE students shall be informed prior to acceptance into the program, as well as at the start of each subsequent unit, that their clinical materials and recorded and/or live observation media that are pertinent to the certification processes for Certified Educator Candidates or Associate ACPE Certified Educators, that are pertinent to the peer review process for ACPE Certified Educators, that are pertinent to a center's accreditation process, or that are pertinent to ACPE approved research studies, may be used from the unit. **All identifying information shall be redacted from written documents. A copy of this signed agreement shall remain a part of the center's files indefinitely. Materials that are not supported with this signed Consent Form MAY NOT BE USED.**

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I, \_\_\_\_\_ (Students' Printed Name) understand that \_\_\_\_\_ (Certified Educator Candidate/Associate ACPE Certified Educator/ACPE Certified Educator) will use my written evaluation, the above-named educator's written evaluation of me, and other clinical materials pertinent to the above-named educator's process toward certification as an ACPE Certified Educator or as part of the above-named educator's peer review process, and I understand that such materials will have personal information redacted. 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 or as part of the above-named educator's peer review process, and I understand that such media may identify me. I understand that this use is for the purpose of the above-named educator's professional development, certification, and/or peer review. 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.

I understand that my clinical materials may be utilized by my center as data for demonstrating compliance with ACPE Standards for accreditation and/or for ACPE approved research studies without further notification to me.

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**My signature grants consent to all of the above.**

I understand that I may revoke this authorization, in writing, to the above-named individual and that if I choose to do this, I will no longer be able to participate in the unit of CPE and will not receive credit for the unit. Any clinical materials and/or live/recorded observation media obtained prior to the revocation of this authorization may still be used by the above-named educator.

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Student's Signature

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Date

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Start and End Dates of the Unit

## **This is our notice regarding your personal information.**

MIRAVIDA LIVING

DIRECTIVE NO. 15-028-21

OSHKOSH, WISCONSIN

SUPERSEDES: New

REVIEWED BY \_\_\_\_ DATE \_\_\_\_

EFFECTIVE DATE: January 1, 2010

REVIEWED BY \_\_DR\_\_ DATE \_\_\_\_

APPROVAL \_\_\_\_ PAG \_\_\_\_\_

RECOMMENDER \_\_Chaplain Rumbold\_\_

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DEPARTMENT: Chaplaincy

CATEGORY: Clinical Pastoral Education (CPE) Program

SUBJECT: Student Records

DISTRIBUTION: Student Handbook

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Miravida Living as a training center, as well as its satellite centers and student placement facilities, will adhere to FERPA (Family Education Rights and Privacy Act of 1974) which is a federal law that protects the privacy of student education records. Under FERPA, Clinical Pastoral Education students have specific, protected rights regarding the handling of such records. The following policy and procedure is intended to provide faculty, staff and students a working knowledge of these guidelines in order to assure compliance. Violations of these guidelines may be reported to:

Chair of the Accreditation Commission

Association for Clinical Pastoral Education (ACPE)

55 Ivan Allen Jr. Boulevard Suite 835

Atlanta, GA 30308

Phone: (404) 320-1472

Fax: (404) 320-0849

Email: [acpe@acpe.edu](mailto:acpe@acpe.edu)

### **Educational Records**

Educational records are defined by FERPA as: Records that directly relate to a student and that are maintained by an educational agency or institution or by a party acting for the agency or institution. Regarding educational records, FERPA gives students the right to:

- Access, inspect and review educational records kept by the school within 45 days of the time the request is received
- Request amendment of the student's educational records that the student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. If mutual

agreement about amendment cannot be negotiated, a student may provide a written objection which is to be kept with and released with the record.

- Provide written consent before the program discloses personally identifiable information from the student's educational records, except to the extent that FERPA authorizes disclosure without consent.
- File complaints against the program for disclosing educational records in violation of FERPA.

These records are comprised of two types of information: **Directory information** which is student information not generally considered harmful or an invasion of privacy if released; and **Non-directory information** which would be considered harmful or an invasion of privacy if released.

**Directory Information:**

Miravida Living Clinical Pastoral Education Program considers the following to be Directory Information about a student:

Name  
Address  
E-mail  
Telephone  
Date of Birth  
Religion  
Previous Education  
Photograph

By annually posting this policy and procedure and notification of rights under FERPA on its website and by providing each student a copy of this policy in the student handbook and specifically introducing students to it during their initial orientation, the Lutheran Homes of Oshkosh, Inc. Clinical Pastoral Education Program reserves the right to disclose directory information to a third party without the written consent of the student unless the student exercises the option to restrict the release of directory information by submitting a formal request to limit disclosure at any time prior to entering or while participating in the program. (Which restrictions must be honored even after a student's departure from the program, former students cannot initiate new restrictions after departure.)

Unless it receives a formal request to not do so, the program will also forward the student's name, address, denomination, and unit of CPE successfully completed to the national office of the Association for Clinical Pastoral Education, Inc., where it will be recorded and from which a transcript may be issued to the student or a student designated third party upon the student's written request. (Transcripts are deemed to be non-directory information under the definition below and, therefore, require written consent of the student to be released. There is a form for requesting a transcript on the ACPE website [www.acpe.edu](http://www.acpe.edu).)

**Non-Directory Information:**

Any other records (paper, electronic, video, audio, biometric, etc.) that are directly related to the student from which the student's identity can be recognized that are maintained by the program or by another institution on the program's behalf are considered Non-Directory Information.

Non-directory information is not released to anyone without the prior written consent of the student. Prior written consent must include the following elements:

- Specification of the records to be disclosed
- Specification of the party or class of parties to whom the disclosure is to be made
- Statement of the purpose of the disclosure
- The date
- The signature of the student whose record is to be disclosed.

**Exceptions and clarifications:**

Prior written consent is not required to disclose non-directory information where the health and safety of the student is at issue, when complying with a judicial order or subpoena, or for the purpose of ACPE accreditation or complaint review.

Prior written consent is also not required when disclosure is made directly to the student or to a program official or agent who has a legitimate educational interest. Such an official is deemed to have a legitimate educational interest if the official needs to review an educational record in order to fulfill his or her professional responsibilities for the program.

Faculty notes, data compilation, and administrative records kept exclusively and separate from the student's educational records by the maker of the records that are not accessible or revealed to anyone else are not considered educational records and, therefore, fall outside of the FERPA disclosure guidelines.

Student health records (mental and physical) and criminal background checks are kept in locked, limited access files separate from student educational records. They are subject to ADA and HIPPA regulations.

Materials written by students, such as verbatim and case histories that contain information about other persons, including other students, will either be destroyed after use in the educational process, or will have the identifiable information about everyone other than the student in whose educational record they are maintained redacted.

If information in student records is considered of research value, and the CPE Center or ACPE desires to collect and use such material for research, all personally identifiable material will be redacted unless the student who would or could be identified signs a release.

Applicable materials of students admitted and matriculated are considered part of the student non-directory record and are subject to FERPA disclosure guidelines. These materials are maintained until the student has received, signed, and returned the supervisor's end of unit evaluation, at which time they will be destroyed with the exception of the face sheet that, along with the student's final self-evaluation and the supervisor's evaluation, becomes part of the student's permanent record where it is maintained in accordance with the program's guidelines for retention of records which follows.

**Guidelines for Retention of Records and the Handling of Supervisor final Evaluations:**

1. ACPE Requires the center retain the following items indefinitely:
  - a) The application face sheet



b) The Use of Clinical Materials Consent Form

2. ACPE requires the center retain the following items from the student record for ten (10) years:

- a) Certified Educator's end of unit evaluation
- b) The student's response to the end of unit evaluation, if submitted
- c) The student's self-evaluation.

After a unit is concluded, education records are maintained by Miravida Living, the accredited ACPE Center.

Subject to the exceptions noted above, the record shall not be open to anyone outside the CPE Center without the student's written request. This includes theological schools and faith group adjudicatory.

**BACKGROUND INFORMATION DISCLOSURE (BID)**

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

**PLEASE PRINT YOUR ANSWERS.**

**Check the box that applies to you.**

- Employee / Contractor (including new applicant)                       Household member / lives on premises - but not a client  
 Applicant for a license or certification or registration (including continuation or renewal)                       Other – Specify:

**NOTE:** If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) regulated facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name -- (First and Middle)		Name -- (Last)		Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)	
Any Other Names By Which You Have Been Known (Including Maiden Name)			Birth Date	Gender (M / F)	Race
Address <u>Street, City, State, ZIP Code</u>				Social Security Number(s)	
Business Name and Address - Employer or Care Provider (Entity)					

SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? > If <b>Yes</b> , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 <sup>th</sup> birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) > If <b>Yes</b> , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) > If <b>Yes</b> , explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? > If <b>Yes</b> , explain, including when and where it happened.		

(continued on next page)

SECTION A (continued)	YES	NO
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? > If Yes, explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? > If Yes, explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? > If Yes, explain, including credential name, limitations or restrictions, and time period.		
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? > If Yes, explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? > If Yes, explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? > If yes, indicate the year of discharge: _____ > Attach a copy of your DD214 if you were discharged within the last 3 years.		
4. Have you resided outside of Wisconsin in the last 3 years? > If Yes, list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? > If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? > If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.		

**A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

SIGNATURE	Date Signed
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