
ANNUAL NOTICE

Association for Clinical Pastoral Education**ACPE 2016 Standard 304.4****ACPE 2016 ACCREDITATION MANUAL, APPENDIX 7B**

The Covenant Health System CPE program will protect the privacy concerns of each student through careful and confidential recordkeeping. The Covenant Center adheres to the following ACPE CPE mandates:

- Guarantees to its students the rights to inspect and review educational records, to seek to amend them, to specific control over release of record information, and to file a complaint against the program for alleged violations of these Family Education Rights and Privacy ACT (FERPA) rights.
- 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.
- This Center defines “educational official” as the administrative assistant(s) for the Clinical Pastoral Education Program Office(s). These people process CPE applications and may have access to student records without student consent.
- Violation of these protocols may be reported to:

Chair of the Accreditation Commission

Association of Clinical Pastoral Education, Inc.
One West Court, Ste. 325
Decatur, Georgia 30030
Phone: 404-320-1472

A student record is: (1) any record (paper, electronic, video, audio, biometric, etc) directly related to the student from which the student’s identity can be recognized and (2) maintained by the education program/institution or a person acting for the institution. A student’s written consent must be signed and dated, specifying which records are being disclosed, to whom, and for what limited purpose. Exemptions to this written consent include: protection of health or safety of the student or others; for the purpose of accreditation or complain review, as required by legal process.

The CPE “directory information” (meaning a student’s name, address, email, telephone, date of birth, religion, previous education, unit of CPE completed and photograph) is NOT considered private and may be released to institutional (internal communication) sources, to a CPE office or through public media (such as newspapers or websites). The student has the right to restrict their directory information at any time during his/her unit of training. Restrictions continue to apply after completion of training. New restrictions cannot be made following training completion.

Privacy & Confidentiality Notice:**FAMILY EDUCATION RIGHTS and PRIVACY ACT (FERPA)****Release Form****Granting permission to share Student Information**

The Family Education Rights and Privacy Act applies to all ACPE CPE programs and

Ensures privacy for applicants and students in accordance with Standard 307.2,

Appendix 7B.

Student Name Printed: _____

As a Clinical Pastoral Education, ACPE applicant, I hereby grant permission to the ACPE Supervisor, Administrative Assistant, and those chosen to take part in the interview, access to the written materials I submit for consideration into the CPE program. I understand that qualified interviewers are persons certified by ACPE to provide supervision plus members of the Professional Advisory Group. I can expect these persons to have an intimate knowledge of the CPE process, and ACPE Standards and to be able to dynamically engage applicants and assess their readiness for the “*action-reflection*” model of learning that the CPE setting provides.

I further grant permission to contact the references I listed on the application face sheet to provide relevant information about me to the ACPE Center to which I am applying within the Covenant CPE System. I realize that the application process is considered confidential and my materials will be handled respectfully.

Should I be accepted into the program, I understand that common directory information such as name, address, email, telephone, date of birth, faith background, previous education, units of CPE completed and a photograph may be released unless I decline at this time by indicating below. Any other information is released only with my written signed and dated consent specifying which records are being disclosed, to whom and for what limited purpose. I understand that I can restrict directory information and/or access to my records at any time during my enrollment in the program. Those restrictions shall be honored even after my departure unless otherwise directed by me and put in writing that includes my signature. (New restrictions cannot be initiated by former students.) I also understand that in order for my completed unit (or ½ unit) of CPE to be registered with the national office of ACPE Inc., my name, faith

tradition, level of training, gender and type of ministry you currently provide will be required by the CPE Supervisor submitting the information.

I grant _____ permission for directory information to be released.

I deny _____ permission for directory information to be released.

Further information on the **Annual Notice** can be found at the Covenant Spiritual Care website at Covenanthealth.org or through the ACPE national website, www.acpe.edu. The Covenant CPE System is listed under the Southwest Region of ACPE.

Signature of Applicant

Date