

# CPE Clinical Training Agreement

## Simple Language Document

This agreement of understanding entered into on (date) \_\_\_\_\_,

between (facility name) \_\_\_\_\_, hereafter referred to as “**The Facility**”,

and (provider name) The Institute for Clinical Pastoral Training \_\_\_\_\_, hereafter referred to as “**The Provider**”,

sets forth a mutual agreement, to include at a minimum the following criteria pertaining to (CPE student name) \_\_\_\_\_ hereafter referred to as “**The Student**”:

**The Facility** agrees that:

- 1. The Student** will be oriented to role appropriate protocols within the clinical training setting such that patient, staff, and student safety are maintained.
- 2. The Student** will be allowed facility access in order to appropriately engage patients, family, and staff on a routine basis in accord with ICPT clinical hours criteria and the parameters of **The Facility**'s clinical setting.
- 3. The Student** will be allowed to contribute to the integration of spiritual care, beliefs, and values appropriate to the population of the clinical setting.
- 4. The Student** will be covered by at least the same insurance(s) that **The Facility** affords to visitors, and/or families, and/or non-employed facility guests.
- 5.** They will provide a proctor who will ensure, at a minimum, that the conditions above are in compliance and, who will affirm via signature the documentation made available by **The Provider**.

**The Provider** agrees to:

- 1.** Oversee **The Student**'s CPE education in compliance with ICPT standards and protocols.
- 2.** Supply only students who are qualified and appropriate under the ICPT CPE standards and protocols.
- 3.** Help **The Facility** engage **The Student** on any matters of import **The Facility** requests.
- 4.** Keep **The Facility** apprised of any known student situations which might adversely impact **The Facility**.
- 5.** Work diligently to ensure an appropriate and beneficial training engagement for **The Facility** and **The Student**.

**The Provider** authorized Printed Name and Title: Joseph P. Morrison, Administrative Director \_\_\_\_\_.

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

**The Facility** authorized Printed Name and Title: \_\_\_\_\_

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