**BEXLEY SEABURY SEMINARY**

**Request to Receive Academic Credit for Clinical Pastoral Education (CPE)**

## To receive academic credit for CPE a student must:

* Be accepted into a CPE program that is accredited by the Association of Clinical Pastoral Education (ACPE) *and,* that is approved by your Bishop if you a participant in the ordination process in The Episcopal Church;
* Complete and return this form, along with a copy of a letter/email of acceptance from the CPE supervisor at the ACPE-accredited CPE program, to Prof. Eileen Shanley-Roberts by May 1 (summer), August 1 (fall), January 5 (spring).
* Register for credit-bearing CPE [ML 403] through the Bexley Seabury Registration Administrator’s office ([squigley@bexleyseabury.edu](mailto:squigley@bexleyseabury.edu)) during normal registration periods; (self-registration is not available)
* Successfully complete a full unit of Clinical Pastoral Education;
* Submit to Prof. Eileen Shanley-Roberts a letter or certificate of completion *and* final self-and supervisor evaluation reports by September 15 (summer), Jan 15 (fall), or May 30 (spring) of the same year in which CPE is taken;
* Have not previously received academic credit for CPE.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student (Cell) Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of CPE Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cost: \_\_\_\_\_\_\_\_\_\_\_\_

CPE Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applying for:  Summer CPE  Fall CPE  Spring CPE

## Please Initial Below

1. \_\_\_\_\_\_\_\_\_ I am attaching a copy of my letter of acceptance from the CPE supervisor to this form.
2. \_\_\_\_\_\_\_\_\_ I am an aspirant, postulant, or candidate for ordination in my Diocese and my Bishop approves of my CPE center, per the letter (or email) attached to this form.
3. \_\_\_\_\_\_\_\_\_ I will request that by September 15 (summer), Jan 15 (fall), or May 30 (spring), my CPE Supervisor send Prof. Eileen Shanley-Roberts either a letter stating that I have successfully completed one full unit of CPE or a copy of my Completion of CPE Certificate, AND a copy of my final self-evaluation, AND my supervisor’s final evaluation. I will take responsibility for following up with the supervisor to provide these documents, as necessary.
4. \_\_\_\_\_\_\_\_\_ I will pay to Bexley Seabury tuition for 3 academic credit. Upon completion of CPE, I

 do  do not intend to request reimbursement from the seminary of my actual out-of-pocket CPE program tuition and fees.

Student

Signature: Date:

**Please return this form to**

**Prof. Eileen Shanley-Roberts (eshanleyroberts@bexleyseabury.edu)**

Approved to register for CPE credit [ML403]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Eileen Shanley-Roberts

CPE Completed/grade of CR approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Eileen Shanley-Roberts