SMPCC

Site Clinical Mentor Guidelines
G. Wade Rowatt, Ph.D., Clinical Educator

The clinical mentor *is a person in the ministry setting who agrees to offer support, guidance, and on-site oversight to the CPE student. This may be a chairperson of pastor/staff relations, an appropriate lay leader, or another minister on staff who has administrative responsibility for the student.*

1. Agree to be available to the student for consultation weekly or as needed.

2. Provide care and support for the student during the CPE process.

3. Agree to meet at least once with the CPE Clinical Educator during a site visit.

4. Agree sign the Placement Approval Form and insure appropriate orientation for the student.

5. Be available for consultation with the CPE Clinical Educator should events arise that need clarification with the student.

6. Provide sufficient orientation for the student at the placement location as needed.

7. Provide feedback to the CPE program about the student's ministry.

Signed_____   Date_____
Site Clinical Mentor

Signed_____   Date_____
Student

Signed_____   Date_____
ACPE Clinical Educator/CEC

CERTIFICATION OF COMPLETION OF PLACEMENT ORIENTATION for CPE at SMPCC
G. Wade Rowatt, Ph.D., Clinical Educator

This is to certify that _____has completed all

orientation requirements for ministry placement with _____

_____.

A copy of the **orientation schedule** (If available) must be attached. Students working in their place of ongoing employment still need a statement from the Site Clinical Mentor that they have been sufficiently orientated to the policies, procedures, and expectations of the placement.

_____   Date_____

Site Clinical Mentor

_____   Date_____

Clinical Educator (ACPE)

_____   Date_____

Student

*** A student whose clinical assignment is other than his/her/their own parish must complete all orientation programs for that placement. A copy of the orientation process and of the certification of completion of orientation form must be on file with SMPCC. Students on the staff at their parish must complete the site mentor orientation with their site supervisors. A supervisor from SMPCC is available to consult with the site clinical mentor and the student as needed.*
All students must also complete the orientation at SMPCC.

Training Agreement: Parish/Community Program

CPE is an education for ministry experience. This agreement and acceptance into this program authorize you to visit persons in the institutions that sign a place-placement approval form with you and your supervisor. You can report on those visits in verbatims and case summaries with your supervisor(s) in a manner that will be beneficial to your educational process. Confidentiality is expected. Any communication regarding ministry with persons outside of this program is prohibited, except as required by law or safety.

Student Initials: _____

The material submitted by you may be used with a Clinical Education Candidate and/or other Clinical Educators with the understanding that these persons are a part of the professional training. Your educator may use your material with other professionals for consultation, professional education, and/or research intended to contribute to CPE or other pastoral care fields. In all use outside of this program, your identity will be protected except as might be required by law.

Student Initials: _____

Your work may be audio or video taped for educational purposes with Clinical Education Candidates, other Educators in this center, or other ACPE settings.

Student Initials: _____

You will receive a written final evaluation within 21 days of the completion of your unit. Your written evaluation and your Educator's written evaluation may be shared with persons invited by your Educator to participate in your unit and the final evaluation process. If you are enrolled for credit in an educational institution, your grade and evaluation will be released to the appropriate representative of that institution. Your written permission will be sought for all other uses, unless required by law.

Student Initials: _____

You have received and reviewed a Student Handbook and the ACPE Standards governing CPE as provided you during orientation. You have had the opportunity to review the policies and Code of Ethics of ACPE and SMPCC during orientation and understand their importance for you as a minister in this program. You agree to complete the paperwork and clinical work as described in this handbook and to function professionally by the center's policies and code of ethics.

Student Initials: _____

You understand that the unit's tuition is $1,800.00 and must be paid by the last week of training unless otherwise negotiated. Failure to pay in full may result in your being denied credit and, in your being, denied entry into future units of CPE.

Student Initials: _____

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

Student _____ Date ____/ ____/ ____

Educator/Candidate _____ Date____/ ____/ ____

PLACEMENT APPROVAL FORM
PARISH AND COMMUNITY CPE PROGRAM
St. Matthews Pastoral
Counseling Center 3515
Grandview Avenue
Louisville, Kentucky 40207
Phone 502-893-9831
FAX 502-896-0439

This is to certify that (student_____) is currently

serving a ministry placement as (student's ministry title) at the

(Name of church or institution) _____and is
currently providing an average minimum of 20 hours in ministry service each
week.

It is understood by the congregation/institution that (student's name) _____ is
concurrently enrolled in a unit of Clinical Pastoral Education under the supervision
of Wade Rowatt, Ph.D. and/or Adriana Cavina, D. Min. and Matt Andrews, D, Min.
at the St. Matthews Pastoral Counseling Center with the above listed ministry
service as the focus of field placement and clinical study for the duration of the
CPE program.

It is also understood that the educator will make one site visit during the course
of this unit of CPE to observe and/or participate with the student, hold
conferences with the senior minister(s), and/or meet for conversations with some
representatives of the church/institution lay ministry team. The student will
present confidential case studies from her/his ministry placement for
supervision.

Date _____

_____
(Authorized signature)

_____
(Title of person signing)

Date_____

_____
(Student's signature)

_____Date _____   Date _____

ACPE Clinical Educator