

# CME CONNECTIONAL CPE APPLICATION CHECKLIST

- \_\_\_\_\_ 1. Face Sheet
- \_\_\_\_\_ 2. Responses to Narrative Questions
- \_\_\_\_\_ 3. Presiding Bishop's Letter of Reference
- \_\_\_\_\_ 4. Non-refundable Application Fee  
((\$50.00 made payable to Fifth Episcopal District with CPE on memo line))

## ACKNOWLEDGEMENT:

I, \_\_\_\_\_ (print name) understand this application is for a program of clinical pastoral education, an education program for clergy and religious leaders. I understand that this CPE program will meet the requirements for CPE set forth by the CME Church. **I understand this CPE program may or may not be recognized by other accrediting programs that offer CPE and certifying organizations that certify chaplains. Those organizations will make their own independent decision about recognizing this unit of CPE.**

**ACCEPTANCE:** I understand my acceptance is based on the full completion of an application with the non-refundable application fee of \$50.00. My acceptance may be conditional upon the receipt of additional documentation.

**ATTENDANCE:** I understand I am required to attend all scheduled seminars and sessions. I **must** be present for both the in person and electronic sessions to receive full credit.

**REPORTING:** I understand that I will receive a certificate from the Connectional CPE Program and a Final Evaluation and that it is my responsibility to provide copies to any denominational authority requiring documentation of my completion of the program.

**FINANCIAL:** I understand all tuition and fees **must** be paid in full by the announced and published deadlines, in order for me to continue in the program and receive credit. If I withdraw after the program begins, any refund of tuition will be prorated, but will not exceed more than ½ of the total tuition. There will be no refunds for withdrawal after the mid-point of the course. **All CPE-related travel expenses for transportation, parking, lodging, and meals are my responsibility.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**PLEASE RETAIN A COPY OF THIS SIGNED DOCUMENT FOR YOUR RECORDS.**