Crossroads School of Chaplaincy

in association with

Association of Certified Christian Chaplains

Application for Chaplaincy School

*I am applying for : ☐ Long-Distance ☐ CBC Unit Date:_____

Section 1—Personal Information

First Name (given):	Middle Name:	Last Name (surname):		Suffix (Jr., Sr., etc.):	
Street Address:				SSN:	
City:	State:	Zip Code:	Date of Birth: (mm/dd/yyyy)	Primary Phone	
Email:					
Felony Conviction? (if yes, please provide details on a separate page.) Yes ☐ No ☐					

Section 2—CPE Units to be Recognized—*If no CPE credits, leave blank.*

Date Completed: (mm/yyyy)	Unit Type:	Affiliation (ACPE, SCA, etc.):

Attach additional pages if necessary. Only units from ACPE, CPSP, or SCA /HCCN qualify for automatic recognition. All others are on an exception basis. The decision of the admissions board is final.

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Revised—April 2021
Previous editions are obsolete

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***Section 3—Certifications to be Reciprocated**

Affiliation (BCI, CPSP, etc.):	Certification Earned:	Date Earned (mm/dd/yyyy)

***Section 4—Certifications Applied For**

Associate Chaplain (BCAC) ☐ Chaplain (BCC) ☐ CPE Supervisor (BCCS)

Pastoral Counselor ☐

Section 5—Employment

Current Employer/City, State:	Position:	Dates
Previous Employer/City, State:		

Section 6—Scholastic

Highest Degree Obtained:

HS Diploma	Associate	Bachelors	Masters	Doctorate
☐	☐	☐	☐	☐

Undergraduate:

School:	City/State:	Degree Awarded/Subject:	Dates Attended:

Graduate:

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Section 7—Demographic Information (not required)

Faith Group/Denomination	Are you Ordained/Licensed?	
Ethnicity/Race	Country of Birth	Are you a U.S. Citizen?

*Section 8—References

Local church/fellowship: _____

Pastor: _____ Ph: _____

List three references (not family) whom you have known for more than three years:

1) Name: _____ Relationship: _____ Ph: _____

Address: _____
Street City State Zip

Email address: _____

2) Name: _____ Relationship: _____ Ph: _____

Address: _____
Street City State Zip

Email address: _____

3) Name: _____ Relationship: _____ Ph: _____

Address: _____
Street City State Zip

Email address: _____

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***Section 9—Narratives (for all but narrative 1 submit additional sheets)**

1. Where/How did you find out about Crossroads School of Chaplaincy/CPE?
2. Write a two-page essay on ***1 Corinthians 1:26-31*** as it relates to you and your call to the chaplaincy.
3. Please provide a reflective autobiography giving special attention to pivotal life events and relationships that have shaped you as a person.
4. Please describe a situation when you helped another person who was facing a difficult life situation. Supply a reflective critique of your intervention. Applicants with previous CPE experience will provide a case study (verbatim) to answer this narrative.
5. What is your understanding of Clinical Pastoral Education and, what do you hope to gain in both personal and professional development?
6. Please provide a brief account of your education, qualifications, training, and work.

CROSSROADS SCHOOL OF CHAPLAINCY QUALIFICATIONS AND REQUIREMENTS:

Commitment to Christ.

A candidate for the chaplaincy program must be a Christian with a personal relationship with Jesus Christ.

Commitment to Crossroads School of Chaplaincy.

A candidate for the chaplaincy program must agree with Crossroads School of Chaplaincy's Vision, Mission State-ment, Statement of Faith, purpose and values.

Commitment of Time.

The amount of time required to complete the chaplaincy program is 400 hours per CPE Unit. This includes time spent in the classroom, time required to complete homework assignments, and time spent in the care centers.

Commitment to a Christian Lifestyle.

A candidate for the chaplaincy program must be a representative of Jesus Christ both in their public and private life. This includes: basic knowledge of the Scriptures, emotional and spiritual maturity, emotional stability, healthy interpersonal relationships, financial responsibility and a stable living situation.

Commitment to Teamwork and Assigned Duties.

A candidate for the chaplaincy program must be willing to work with other members who are enrolled in the program and be responsible for agreed upon assignments and tasks.

I hereby certify that the information contained in this chaplaincy program application is true to the best of my knowledge. I authorize the references listed above to provide any and all information to Crossroads School of Chaplaincy that may be needed. I release all parties from any liability for any damage that may result from the use of this information by Crossroads School of Chaplaincy. I also understand that there has been no promise or expectation of employment, compensation or other benefits.

Date: _____ Printed Name: _____

Signature: _____ Initials: _____

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ENROLLMENT AGREEMENT

Student Information:

Student Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Last 4 of Social Security Number_____ Date of Birth: _____

Unit Start Date:_____ Projected "Graduation" Date: _____

Understanding:

I understand that I am enrolling in Clinical Pastoral Education. This enrollment consists of four (4) units. Each unit is 400 clock hours and is 12-weeks in length. The clock hours are broken down as follows:

300 clock clinical hours – time spent in the practice of chaplaincy.

100 classroom hours – classroom hours consist of group meeting time, supervisory sessions and preparation.

I understand that the units are continuous but that I have the right to withdraw at any time.

I understand that I will automatically be placed in the following unit unless I have completed the full course of study or I notify my supervisor of my intention not to take additional units.

Initials: _____

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FEES

Standard Unit……..$1,900.00 (Subsequent units subject to increase)
Registration Fee……..$75.00 (non-refundable)
Background Check……..$30.00 (non-refundable)
Books……Student's responsibility – books may be assigned as the instructor deems necessary.

Each unit is billed separately and tuition is due, in full, prior to the start of the unit unless payment arrangements have been made. Those students with unpaid tuition will not be permitted to start the unit (except if on a payment plan).

Payment arrangements may be made with the approval of the CSC administrator.

Each unit will be considered as a stand-alone unit with reference to this institutions tuition refund policy.

Payments will be made by one of the following methods:

-Credit card. A link can be found "apply" tab of our web page at: crschaplaincy.org Personal check;

-Bank check;

-Money order; or

-Bill pay from you bank. Checks will be made out to Crossroads School of Chaplaincy

Checks refused by the bank for any reason will incur a $50 returned check fee and require payment to be made by one of the other methods.

Initials: _____

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Refunds:

Refunds will be processed according to the "Tuition Refund Policy". This policy becomes part of this document

Buyer's Right to Cancel:

You have the right to cancel this contract within three (3) days of signing. You may cancel verbally or in writing.

You have the right to cancel this contract if you are no longer physically able to complete the unit(s). You may cancel verbally or in writing.

In the event of cancellation under this provision, the stipulations of the "Tuition Refund Policy" will be followed.

General Conduct:

Confidentiality is basic to professionalism and any communication regarding patients outside our professional treatment and/or training circles is prohibited, except as required for the safety of patients, families or others. The ACCC National Board deter-mines this breech and may result in your immediate termination from the program.

The material submitted to your assigned supervisor concerning you and your ministry as a chaplain trainee may be used in the learning process of supervisors-in-training and/or discussion among the supervisors with the understanding that these persons are part of the professional training circle. Your materials may also be used by your assigned supervisor with other ACCC Supervi-sors and other professionals from who he/she may seek consultation as a part of his/her professional development or as part of research intended to contribute to the field of clinical pastoral education and/or clinical pastoral care. Any use of your materials beyond this center's professional training circle, unless required by law, is not permitted.

In all of your activities during your chaplaincy training, you agree to function professionally and within the Ethical Conduct as contained in the CSC Student Handbook Code of Ethics. A copy of the Standards containing the Code of Professional Ethics in the Student Handbook has been provided to you so that you understand the requirements.

You will be performing clinical hours at a location to be agreed upon by your supervisor. You agree to abide by all policies and procedures of that site.

I agree to the video or audio recording of my individual or group sessions. They will be used for educational purposes only and will not be available to others without my written consent. I understand that I may request the recording to temporarily stop at any time.

Employment Guarantee and Placement:

I understand that CSC does not provide placement assistance. I agree that obtaining CPE units through CSC or board certifica-tion through the Association of Certified Christian Chaplains does not guarantee a vocational chaplaincy position. CPE and board certification are simply requirements for most institutions. Each institution sets its own requirements and applicants must meet those requirements in order to be considered for a position.

Signed: _____

Date: _____

Initials: _____

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Refund Policy

Clinical Pastoral Education Tuition Refund Policy

Name: _____ Date: _____

Crossroads Ministries and The Association of Certified Christian Chaplains have developed this refund policy to clearly identify the refund due in the event that the student cancels, withdraws, or is terminated from the program or if Crossroads/ACCC cancels a particular class.

Definitions

1. Crossroads Cancellation—Crossroads cancels a class prior to the projected start date.
2. Student cancellation—the student does not begin class or submit any class required documentation.
3. Student withdrawal
   A. On-site Learning—the student will be considered withdrawn if the student does not attend two (2) consecutive classes or does not submit two (2) consecutive assignments sessions without contacting their supervisor.
   B. Distance Learning— the student will be considered withdrawn if the student does not submit two (2) consecutive required assignments, misses two (2) consecutive supervisory sessions, or is without contact for more than two (2) consecutive weeks.

. Student Termination—Crossroads Ministries terminates the student for cause.

. Last Day of Attendance (LDA) - thelast day the student has submitted a required assignment, participated in a supervisory session, or participated in a forum board.

. Date of Determination (DOD)- the date the Tuition Refund Worksheet is prepared.

Refunds

1. Rejection of Applicant: If an applicant is rejected for enrollment by the institution a full refund of all monies will be paid to the applicant, less the application fee and background check fee.
2. Program Cancellation: If Crossroads School of Chaplaincy cancels a program subsequent to the student's enrollment, all monies paid will be refunded to the student.
3. Cancellation prior to the start of the class or No Show: If an applicant accepted by the institution cancels prior to the start of scheduled classes or never attends class (no-show), all monies paid will be refunded, less the application and background check fees.

Initials: _____

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Refund Policy Cont.

Withdrawal or Termination after the Start of a Unit

1. Application fees are non-refundable.
2. Prior to the published start date of the unit—all tuition paid shall be refunded.
3. Refund amounts will be based on the student's last date of attendance (LDA). A day of attendance is either: the day a student either submitted a required class document, or participated in a peer group session, or participated in a supervisory session; whichever is later.
4. First week of the unit (start date + 7 days) - The student will be refunded 90% of the tuition paid as calculated on the Tuition Refund Worksheet.
5. From the beginning of the second week (day 8) through the end of the sixth week (day 42) - The refund will be calculated using a pro rata portion of the tuition due for the unit plus 10% of the unearned tuition for the administrative fee. The calculation will be via the Tuition Refund Worksheet.
6. After the sixth week (day 43 forward) - there is no refund. The full tuition is retained by Crossroads Ministries/ ACCC and the student is responsible for any unpaid portion.
7. In the event of dismissal from the program for cause, no refund will be given.
8. Refunds will be processed, via check, no later than 45 days from the DOD and sent to the address on file for the student.

Tuition Refund Worksheet

A copy is attached to this document.

Signature

I have read and I understand the Crossroads School of Chaplaincy refund policy. I agree to abide by this policy.

Signature: _____ Date:_____

Initials: _____

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TUITION REFUND WORKSHEET

Name: _____ Date: _____

Crossroads School of Chaplaincy has developed this refund policy to clearly identify the refund due in the event that the student cancels, withdraws, or is terminated from the program or if Crossroads cancels a particular class.

Student Name: _____ Date: _____

Unit Start Date		
Last Date of Attendance (LDA)		
Date of Determination (DOD)		
Total Tuition Due		
Total Tuition Paid as of Date of Determination		
Percentage of Tuition Paid		
Program Length (weeks)		
Weeks Attended		
Pro Rata Portion Completed		
Earned Tuition		
Administrative Fee (10% of unearned tuition)		
Owed to Institution		
Student Payment		
Refund Due Date		
Refund Due or (owed by student)		

Initials: _____

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Please use the following pages to answer section 9 questions. Download, save and email completed application to chaplaincyschool@crossroadsusa.org

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