



1549 Clairmont Road, Suite 103 ■ Decatur, GA 30033-4635 ■ Phone: 404/320-1472
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**ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.
CLINICAL MEMBERSHIP APPLICATION FORM**

CONTACT INFORMATION:

Full Name: _____

Mailing Address: _____

Work phone: _____ Home phone: _____

Fax: _____ E-mail: _____

Are you currently a member & upgrading to Clinical Membership? _____ Do you know your account #? _____

*Include your email address to be sent a login and password to the Members Only section of the ACPE website!
Home phone numbers are not published in ACPE Directories or listed on the webpage.
All members receive the ACPE News, the Journal of Pastoral Care & Counseling, and other mailings.*

I wish to apply for Clinical Membership in ACPE. I have included a payment of \$135. I completed at least 4 units of CPE at:

Dates	Level	Center	Supervisor
1.)			
2.)			
3.)			
4.)			

This information is gathered for statistical purposes and is requested but not required: _____ Female _____ Male

Denomination: _____

FORM OF PAYMENT

ALL INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS CHARGE PAYMENTS

CHECK
OR
 CHARGE

CHECK \$ 135.00

CHECK # _____

Amex Discover MasterCard Visa CHARGES \$ 135.00 EXP. DATE _____

CARD ACCT#: _____

NAME AS APPEARS ON CARD: _____

SIGNATURE OF CARD HOLDER: _____



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ACCOUNTABILITY FOR ETHICAL CONDUCT POLICY REPORT FORM

For the purposes of this Policy, "member" refers to: ACPE Supervisors, Associate Supervisors, Active Retired Supervisors, Supervisory Candidates, and Clinical Members.

I certify that (a) no discipline or corrective action arising from a complaint of unethical or felonious conduct has been imposed on me, and no complaint against me for unethical or felonious conduct is pending in a civil, criminal, ecclesiastical, employment, or another professional organization's forum; and, (b) I have never resigned, been transferred or terminated, nor negotiated a settlement from a position for reasons related to unethical or felonious conduct.

Date ____/____/____

Signature _____

If the above cannot be certified, please provide an account of the complaint including the forum, the charges, and the final outcome. Provide the names of people involved in the process whom you authorize to provide full information to ACPE representatives. **Prior actions are not an automatic bar to ACPE membership. Each situation will be evaluated on its own merits by an Accountability Review Committee composed of the Executive Director, the Chair of the Professional Ethics Commission (PEC), the Chair of the Certification Commission, the PEC legal consultant, and a designated Board member.** ACPE has the right to extend or deny candidacy status or membership regardless of previous complaints, other forum's findings or subsequent remedial actions according to the judgment of the named representatives to the Accountability Review Committee on behalf of the Association. If denied, the applicant may resubmit an application at a later time. Decisions are final and binding on ACPE. *(Attach pages if necessary.)*

I understand that as a condition of membership in the Association for Clinical Pastoral Education I will provide to the Association timely notice of any complaint of unethical or felonious conduct filed against me. I agree to provide to the ACPE Professional Ethics Commission in a timely fashion the information it requests regarding the investigation, adjudication, dismissal or settlement of such complaint. Failure to report or provide accurate, full and truthful information may be grounds for discipline including removal of membership in the Association for Clinical Pastoral Education, Inc.

Date ____/____/____

Signature _____

Printed Name _____

Current Membership Category _____