

Date of Agreement: _____

This agreement is entered between (proctor name) _____

hereinafter referred to as “**Proctor**” located at (name, address and Phone of clinical facility)

hereinafter referred to as “**Clinical Site**” and The Institute for Clinical Pastoral Training, 4700

Millennia Blvd, Suite 175, Orlando FL 32839 hereinafter referred to as “**Provider**” set forth this this

mutual agreement to include, at a minimum the following criteria pertaining to (student name)

_____, hereinafter referred to as “**Student**”.

The **Proctor** agrees that:

1. The **Student** will be oriented to role appropriate protocols within the clinical training setting such that patient, staff, and student safety are maintained.
2. The **Student** will be allowed facility access in order to appropriately engage patients, family, and staff on a routine basis in accord with ICPT clinical hours criteria and the parameters of the **Clinical Site**.
3. The **Student** will be allowed to contribute to the integration of spiritual care, beliefs, and values appropriate to the population of the clinical setting.
4. The **Student** will be covered by at least the same insurance(s) that the **Clinical Site** affords to visitors, and/or families, and/or non-employed facility guests.
5. The **Proctor** will ensure, at a minimum, that the conditions above are in compliance and, will affirm, via signature, the documentation made available by the **Provider**

The **Provider** agrees to:

1. Oversee the **Student**’s CPE education in compliance with ICPT standards and protocols.
2. Supply only students who are qualified and appropriate under the ICPT CPE standards and protocols.
3. Help the **Clinical Site** engage the **Student** on any matters of importance the **Clinical Site** requests.
4. Keep the **Proctor** apprised of any known student situations which might adversely impact the **Clinical Site**.
5. Work diligently to ensure an appropriate and beneficial training engagement for the **Clinical Site** and the **Student**.

Signatures are on the next page

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ICPT Clinical Training Agreement

For the **Provider:**

Signature: 
R. Scott Savell, BCC, Director of Education

Corporate Training Site: Christian Chaplains & Coaching

Signature: 
James Kirkland BCC CPES Executive Director

Proctor:

Signature _____

Name and Title: _____

Email Address: _____

Phone Number: _____