

**Eden Theological Seminary**  
**Background Check and Insurance Authorization**  
**For CPE Applicants**

**Legal Name**

**Last:**

**First:**

**Middle:**

**Alias(es) or Maiden Name:**

**Birthdate (MM/DD/YYYY):**

**Current Residential Address:**

**Street:**

**City:**

**State:**

**Zip:**

**Contact Information:**

**Email Address:**

**Primary Phone #:**

**Alt. Phone #:**

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**CERTIFICATION**

I certify that I have read and understand all the above information and that all information on this form is complete and accurate. I understand that I am responsible for all necessary forms needed by ACPE (including the ACPE Application), and that my eligibility cannot be determined if information is missing from my file. I also understand that I must enroll in classes required for my degree or be accepted as a Credit Non-Degree student to attend this course.

I understand, that if I am enrolled as a degree seeking student, that all tuition and fees due (as defined below) for ACPE courses are over and beyond the flat-rate fee charged for Eden Theological Seminary's tuition\*. I understand I am not eligible to receive federal financial aid for coursework not required for my degree or if I am a Credit Non-Degree student. Therefore, if this course does not meet the requirements of my program, I may be required to pay all fees out of my own pocket. I further understand that it is my responsibility to notify the Financial Aid Office and Registrar in writing of any enrollment changes.

The CPE program at Eden Theological Seminary is being partially undersigned by a grant from the ACPE Innovation Lab. By completing this application, you give Eden Theological Seminary permission to include your name and likeness in its reports, promotional items, and marketing materials.

**NOTICE TO ALL APPLICANTS:** Eden Theological Seminary maintains a ZERO TOLERANCE policy regarding child, elder or sexualized violence and/or abuse. This organization carefully screens applicants and requires all applicants to undergo mandatory reporting and boundary training as a requirement of their acceptance into the ACPE, Clinical Pastoral Education course at Eden Theological Seminary.

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION:** Eden Theological Seminary may obtain information about you from a consumer reporting agency for purposes of employment, volunteer positions, work performed under contract, retention, or reassignment (hereafter known as your “engagement”). Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Praesidium, 2225 E. Randol Mill Rd., Suite 630, Arlington, TX, 76011, 800-743-6354, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Please note: Your balance must be paid in full to receive your grade and enroll in any other courses. Furthermore, no certificates, completion statement or documents will be released until the balance is paid in full.

**Semester Charge for ACPE Program\***

<b>Item</b>	<b>Amount</b>
Eden 3 Credit Course Fee (3 credits @ \$675/credit)	\$2,220.00
ACPE Program Fee	\$2,000.00
Background Check Fee	\$50.00
<b>Total Charged to Student Account</b>	<b>\$4,270.00</b>
Liability Insurance Fee (third-party provider)**	\$30.00
<b>Total Cost of CPE Program</b>	<b>\$4,300.00</b>

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Name: \_\_\_\_\_ SSN# \_\_\_\_\_ ETS/ACPE Background Check form - page 2

**\*\*Liability insurance is charged as the student accesses the service. All students MUST HAVE liability insurance to participate in the CPE program at Eden Seminary. Proof of liability insurance is required prior to the start of the first session.**

**\*\*\*Scholarships for CPE participation (if any) will be applied to individual Student Accounts and can be viewed in CAMS. Students are not guaranteed a scholarship, but they will be notified when they become available.**

By signing below, you agree to abide by this agreement and certify that all information is true to the best of your knowledge.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

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