**STUDENT INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Net ID: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** UPI Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (MM/DD/YY): **\_\_\_\_\_\_\_\_\_\_\_\_**

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Program and Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your first unit of CPE? \_\_\_\_\_\_\_\_\_\_

*If “no,” please indicate the years in which previous units were completed, and whether or not YDS provided funding for these:*

**CPE SITE INFORMATION**

Name of Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address, City, State, and zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a full unit of CPE? \_\_\_\_\_\_\_\_\_\_\_\_ Start and End Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of tuition $ \_\_\_\_\_\_\_\_\_\_\_\_\_ The student is responsible for CPE tuition; YDS does not pay the tuition.

Does the CPE site pay a stipend? \_\_\_\_\_\_\_\_\_\_\_\_

If “yes,” what is the amount of the stipend? $ \_\_\_\_\_\_\_\_\_\_\_\_\_

\* \* \* \* \* \* \*

**PROCEDURE**

* ***Submit this form with a copy of your letter of acceptance to the Office of Supervised Ministries.***
* ***After CPE is completed, participate in a session of Yale’s Interprofessional Workshop on Palliative Care.***
* ***Submit a copy of your evaluation to the Director of Supervised Ministries.***

I grant permission for my CPE location to be shared with other students considering CPE. Yes \_\_\_\_ No \_\_\_\_

I understand that funding is awarded only for CPE that will be used for transfer credit toward a YDS degree, and that the YDS business office makes final decisions regarding work-study funding for CPE. I understand that, if I receive funding, the responsibility for completing all paperwork (including timesheets) rests with me. I will comply with the procedures outlined above.

(Student signature) (Date)

Approval of Office of Supervised Ministries:

(Director’s signature) (Date)