YDS pays students $4,000 during their first unit of CPE and will grant 6 transfer credits, if they are used toward the degree.

**STUDENT INFORMATION**

Name: ____________________________________ Date: ________________

Email address: ____________________________________________

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: __________________________ City, State: __________________________

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)