**THE ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.**

**PUBLIC MEMBER DECLARATION OF QUALIFICATION**

NAME OF PUBLIC MEMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAPACITY:

\_\_\_\_\_Commissioner (commission)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Other (list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By my signature, I attest that I am not

* employed by or associated with agencies or institutions affiliated with ACPE, Inc.;
* in service as an officer or staff member of a cognate ministry or chaplaincy group;
* an ACPE officer or employee, or
* the spouse, domestic partner, parent, child, or sibling of anyone in active practice in an accredited ACPE member center ***or any of the above.***

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Signature of Public Member Date