

The Dr Albert Rossi Endowed Scholarship Fund for Clinical Pastoral Education

EXPENSE REIMBURSEMENT

Hospital Fee (M.Div., M.A., ThM). Students who enroll in a unit of Clinical Pastoral Education (CPE) at an ACPE-accredited hospital are responsible for the CPE hospital fee, which in the New York region is approximately \$850. Students in good standing in the M.Div., M.A., or Th.M. program, including those registered for continuation, who complete a unit of ACPE-accredited CPE are eligible for reimbursement of the hospital fee, minus financial aid provided by the hospital.

Stipend (M.Div. only). Students in the M.Div. program who complete the unit of CPE before beginning third-year M.Div. courses are eligible to receive an additional stipend of up to \$1200 (total reimbursement for hospital fee and stipend not exceeding \$2000) from the Dr Albert Rossi Endowed Scholarship Fund for Clinical Pastoral Education.

1. Eligibility

In order to receive CPE expense reimbursement students must do the following:

- Successfully complete the 400-hour unit of ACPE-accredited CPE, including review of the CPE supervisor final evaluation with the seminary's Supervisor of Clinical Pastoral Education;
- Provide a copy (attached to this form) of the hospital's CPE course fee invoice, including financial aid provided by the hospital;
- Submit the request (with invoice) to the Associate Dean for Academic Affairs, who will certify eligibility for reimbursement alone or reimbursement and stipend, and submit the request to the Finance Office for reimbursement.

2. Reimbursement request

Student's name: _____ Student ID: _____

\$ _____ CPE hospital course fee minus hospital financial aid **(invoice attached)**

+ _____ CPE stipend up to \$1200 **(M.Div. students only before senior year)**

= _____ Total reimbursement request **(not to exceed \$2000)**

Note: Reimbursement is applied to the student's account. If the student has no outstanding balance, a check for reimbursement will automatically be issued.

3. Certification of eligibility for reimbursement

Associate Dean for Academic Affairs: _____ Date: _____

4. Approval of request for reimbursement

Chief Finance Officer: _____ Date: _____