

## **Spiritual Direction Agreement**

1. I understand that my Spiritual Director, Insert Name, is in good standing and a graduate of the Insert Name of Spiritual Direction Training Program which includes engagement in supervised practice and has met all the requirements to become a Spiritual Director.
2. I understand that Director's Name is accumulating hours for/has received/or applied for (*delete the options that are not applicable*) Certification as a Spiritual Director (hereafter referred to as CSD) through CCPC Global Inc. CSDs must meet the accountability requirements of receiving Spiritual Direction and engaging in peer supervision.
3. I understand that Director's Name is a member of T ASD - The Tyndale Association of Spiritual Directors, and also practices under the T ASD's Code of Ethics and Standards of Practice.
4. I understand that all forms of communication between a Spiritual Director and a directee are confidential and are held in confidence within the limits of the law.
5. I understand that any case material brought to supervision meetings by my Spiritual Director is kept anonymous.
6. I understand that appointments will last for approximately insert number minutes. I understand that I am responsible for scheduling and keeping my appointment(s) as well as informing of cancellation in a timely way.
7. I understand that the agreed upon fee will be \$ Insert amount per session, or as negotiated on a sliding scale, payable as fee for service.
8. I understand that while healing may occur during our sessions together, Spiritual Direction is not intended to replace counseling, therapy or medical advice or treatment.

**I, the undersigned, acknowledge having received and read the Spiritual Direction Agreement Form and accept the terms as written**

---

Spiritual Directee

Date

Spiritual Director