

STATEMENT OF COMPLIANCE

I _____ of
(name) (title)

(name of institution through which you provide services to ALEPH Ordination Program students)

have read the above Ethics Statement. I agree to abide by it with regard to all of the ways in which I am now, or may in the future, be affiliated with the ALEPH Ordination Program of ALEPH: Alliance for Jewish Renewal.

Please complete the following if relevant:

1. ____ I hereby request to be subject to the jurisdiction of the ethics policy and procedures of another clergy association or accredited institution of higher learning:

Please provide the name and contact information for the organization and attach a copy of the organization's ethics policy: _____

By what means are you subject to the jurisdiction of that organization? For example, are you employed there, or are you a member? _____

2. ____ I hereby agree to be subject to the disciplinary action, if any, and to the plan for treatment, rehabilitation and teshuvah, if any, determined by the ethics process of the organization that I have identified in item 1 above.

3. ____ I hereby agree that the organization I have identified in item 1 is authorized to investigate me in relation to my learning, teaching, mentoring or other role in the ALEPH Ordination Program and I hereby authorize said organization to inform the Dean of the ALEPH Ordination Program in writing of the results of its investigation, including all findings, determinations, judgments, decisions and treatment plans.

Dated: _____

Signature

Print Name