

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.

CERTIFICATION COMMISSION

SOUTHEAST REGION CERTIFICATION COMMITTEE

COMMITTEE ACTION REPORT

REQUEST FOR CONSULTATION / REINSTATEMENT FROM INACTIVE STATUS

Supervisor's Name: _____

Center: _____

Address: _____

Date of Meeting: _____ **Location:** _____

Presenter: _____

Summary and Evaluation of Materials Presented:

Summary and evaluation of Consultation Process:

Summary of current Supervisory activity, if any:

Committee's recommendation as to whether or not the candidate be reinstated as an Active CPE Supervisor:

RECOMMENDATION: Recommend to the Certification Commission that the Consultee be reinstated as an Active Supervisor _____ YES _____ NO

(A "YES" decision requires referral to the Certification Commission for action)

Any other suggestions and/or recommendations:

Sub-Committee members:

Presenter

Sub-Comm Chairperson

Regional Chairperson