

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

**CERTIFICATION COMMISSION**

**SOUTHEAST REGION CERTIFICATION COMMITTEE**

**COMMITTEE ACTION REPORT**

**REQUEST FOR SUPERVISORY CANDIDATE STATUS**

**Candidate's Name:** \_\_\_\_\_

**Center:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Meeting:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Presenter:** \_\_\_\_\_

**COMMITTEE ACTION:** \_\_\_\_\_ **Granted** \_\_\_\_\_ **Denied**

**DOCUMENTATION FOR FORMAL REQUIREMENTS PROVIDED:**

\_\_\_\_\_ **Photocopies of accredited college and seminary diplomas or transcripts**

\_\_\_\_\_ **Documentation of membership in ACPE**

\_\_\_\_\_ **Letter(s) from faith group official(s) documenting both the Candidate's faith group endorsement and his/her "good standing" on rolls of faith group.**

\_\_\_\_\_ **Documentation of equivalency if applicable.**

**Evaluation of Written Materials:**

**Summary of Interview (the course of the interview, how the candidate met the committee, how the committee engaged the candidate):**

**Briefly evaluate:**

- a) **The candidate's understanding of his/her personal history, and of strengths and weaknesses as a potential pastoral educator:**
  
  
  
  
  
  
  
  
  
  
- b) **The candidate's capacity to articulate a theological understanding of life from within his/her tradition:**
  
  
  
  
  
  
  
  
  
  
- c) **The candidate's demonstrated pastoral competence:**
  
  
  
  
  
  
  
  
  
  
- d) **The candidate's understanding of his/her desire to enter the certification process and his/her potential as a CPE Supervisor:**

**List strengths and weaknesses:**

**Committee suggestions:**

**Sub-Committee members:**

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**Presenter**

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**Sub-Comm Chairperson**

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**Regional Chairperson**