

**SOUTHEAST REGION ASSOCIATION FOR CLINICAL PASTORAL
EDUCATION
SUPERVISOR PEER REVIEW FACE SHEET**

Name _____

Home Address _____

Present Position _____

CPE Center/Address _____

E-Mail Address _____

Spouse/Partner _____

Children _____

Faith Group _____

Date, Place of Birth _____

Date, Place of High School Graduation _____

College: Degree, Dates _____

Seminary: Degree, Dates _____

Other Graduate Study: Institution, Degrees, Dates _____

Date of Ordination and/or Endorsement _____

Other Professional Certifications _____

Professional Occupational Background, beginning with the most recent: Dates, Description of Position(s)

Certification History – CPE as a student ((Dates, Locations, Supervisors, Levels of Training, Year Certified)

CPE Supervisory activity over the last five years. (Include dates, locations, levels of training, number of students supervised)

Please add additional pages as needed.