Document #3

Letter of Intent

to meet the SERegion ACPE, Inc. Certification Committee

I, _____(print name), am declaring my intent to meet the S.E.Region ACPE, Inc. Certification Committee.

Please complete the following information:

1. Meeting: _____ Spring or _____ Fall
2. Place of meeting for your requested appearance: _____
3. Request (check one):
   _____ ACPE Supervisor:
   ___ check if you are requesting to meet an ACPE Supervisor Committee in your region.
   Date and place of regional meeting:_____
   _____ General Consultation for:_____
   _____ Consultation for Readiness to begin Supervisory Education
   _____ Review for Supervisory Candidate Status
   _____ Extension for Supervisory Candidate Status
   _____ Extension of Associate Supervisor Status
   _____ Restoration of ACPE Supervisor Status from Inactive Status(with agreement of Chairperson of ACPE Certification Commission)
4. Name of your supervisor if applicable: _____
5. Center Address: _____
   _____
   _____
   Phone: E-mail: Fax:_____
6. Your preferred email address: _____
7. Your preferred mailing address: _____
   _____
   _____
8. Your preferred phone numbers: (W)_____
   (C) _____
   (H) _____
9. Religious Faith Group and Endorser: _____
10. Cultural Heritage (optional): _____
11. (Optional) Requests for one person of a certain demographic may be requested to serve on your committee, i.e., African American, GLBT, Faith Group members, etc. **Do not list a particular person.** These requests will be honored as is feasible and based on availability of current committee members. Your request: _____

Mail or email this Letter of Intent to both:

Deryck Durston
ACPE National Office
1549 Clairmont Road, Suite 103
Decatur, GA 30033-4611
deryck@acpe.edu

Elwood H. Spackman
Emory University Hospital, C-204
1364 Clifton Road
Atlanta, GA 30022
elwood.spackman@emoryhealthcare.org

*Invoices are **not** mailed from the regional office unless requested.* Send appropriate fee to Southeast Region ACPE, Inc., 503 Birch River Drive, Dahlonega, GA 30533