

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

**CERTIFICATION COMMISSION**

**SOUTHEAST REGION CERTIFICATION COMMITTEE**

**COMMITTEE ACTION REPORT**

**REQUEST FOR EXTENSION OF ASSOCIATE SUPERVISOR STATUS**

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

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

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

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

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

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

**Evaluation of Written Materials (including consumer reports):**

**Summary of Interview Process (describing the interaction of the Candidate with the subcommittee):**

**Evaluation of the Candidates rationale for requesting an extension:**

**Evaluation of Candidates response to any notations, recommendations or suggestions given by previous certification committee (with the understanding that notations may be removed only by the Certification Commission, not by the regional Certification Committee):**

**Summary of Candidate's supervisor/supervisory related activities since last committee appearance:**

**Committee suggestions and/or recommendations:**

**Sub-Committee members:**

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**Presenter**

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**Sub-Comm Chairperson**

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**Regional Chairperson**