

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:

Presenter

Sub-Comm Chairperson

Regional Chairperson