

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.

CERTIFICATION COMMISSION

SOUTHEAST REGION CERTIFICATION COMMITTEE

COMMITTEE ACTION REPORT

REQUEST FOR GENERAL CONSULTATION

Consultee's Name: _____

Center: _____

Address: _____

Date of Meeting: _____ **Location:** _____

Presenter: _____

Summary and Evaluation of Materials Presented:

Summary and Evaluation of Consultation Process

Committee's recommendations or suggestions:

Sub-Committee members:

Presenter

Sub-Comm Chairperson

Regional Chairperson