

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

**CERTIFICATION COMMISSION**

**SOUTHEAST REGION CERTIFICATION COMMITTEE**

**COMMITTEE ACTION REPORT**

**REQUEST FOR CONSULTATION / REINSTATEMENT FROM INACTIVE STATUS**

**Supervisor's Name:** \_\_\_\_\_

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

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

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

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

**Summary and Evaluation of Materials Presented:**

**Summary and evaluation of Consultation Process:**

**Summary of current Supervisory activity, if any:**

**Committee's recommendation as to whether or not the candidate be reinstated as an Active CPE Supervisor:**

**RECOMMENDATION: Recommend to the Certification Commission that the Consultee be reinstated as an Active Supervisor \_\_\_\_\_ YES \_\_\_\_\_ NO**

**(A "YES" decision requires referral to the Certification Commission for action)**

**Any other suggestions and/or recommendations:**

**Sub-Committee members:**

---

---

---

---

---

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

\_\_\_\_\_  
**Sub-Comm Chairperson**

\_\_\_\_\_  
**Regional Chairperson**