

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.

CERTIFICATION COMMISSION

SOUTHEAST REGION CERTIFICATION COMMITTEE

COMMITTEE ACTION REPORT

REQUEST FOR CONSULTATION / REVIEW OF SUPERVISOR STATUS

Supervisor's Name: _____

Center: _____

Address: _____

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

Presenter: _____

Summary and Evaluation of Materials Presented:

Description of Supervisors professional activities that demonstrate maintenance of supervisory and conceptual competence.

Summary and Evaluation of Consultation Process

Committee's recommendation as to whether or not the Supervisor be maintained in active CPE Supervisor status:

RECOMMENDATION: Affirm Active Supervisor Status _____ YES _____ NO

(A "NO" decision must be referred to the Certification Commission for action)

Any other recommendations arising from Consultation:

Sub-Committee members:

Presenter

Sub-Comm Chairperson

Regional Chairperson