

**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:**

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**Presenter**

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**Sub-Comm Chairperson**

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**Regional Chairperson**