

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.
1549 Clairmont Road, Suite 103
Decatur, Georgia 30033

CENTER ACCREDITATION FACE SHEET

Date _____

Center Name _____ Telephone _____

Address _____

This accreditation application is for the following: (check one)

_____ Candidacy _____ Periodic Review (Continued Accredited Membership)
_____ Accredited Membership _____ Additional Program

Our CPE center plans to offer the following types of designated programs of "CPE":

_____ Units of CPE _____ Supervisory

We are following ACPE Standards dated: _____

We are using the following format for our Self-Study report: _____

Chief Executive Officer _____

Address (if different from centers) _____

Name of Principle CPE Supervisor _____

Person to whom Principle CPE Supervisor is accountable _____

Attach the following at the front of your self study/feasibility study:

1. List of other CPE Supervisors and Pastoral Care staff.
2. List of Professional Consultation Committee members.
3. History of the CPE Center with accreditation dates, recommendations, notations, and other actions, with copies of Commission Action Reports from last 2 reviews.
4. Record of CPE programs offered since the last accreditation review.
5. Copy of paid ACPE invoice for national accreditation review fee.
6. Accreditation Check List.