

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

CHANGES IN CENTERS AND PROGRAMS

This form is to be used by the center to inform the regional chair of proposed changes in the center that affect the CPE program.

CENTER NAME, ADDRESS AND SUPERVISOR (S):

REGION AND ACCREDITATION CHAIRPERSON:

Form completed by: _____ Date: _____
Effective Date: _____

Indicate Change Request:

Change in Center Name/Address _____ Center without a supervisor _____

Change in Ownership* _____ Addition/Deletion _____
Of component site**

Addition/Deletion of Program** _____ Termination of Center _____
Accreditation

Does this change require a new or revised Directory listing? Yes _____ No _____

Describe nature of change and the effect of the CPE program (s). Attach relevant documents.

*Requires regional action

**Requires Commission action