

APPLICATION FORM

Certification Committee

East Central Region, ACPE

Name: _____ Date _____

Address _____

Telephone (W) _____ (H) _____

E-Mail Address _____ (if available)

Current CPE Center or Cluster _____

Current CPE Supervisor _____

Date/Place of Requested Meeting

REQUEST FOR: (check appropriate category)	<u>Fee</u>
1. Consultation Concerning Readiness for Supervisory CPE (1 Hr.) (Supervisor admitting you to Supervisory CPE: _____)	_____ \$125
2. Review for Admission as Supervisory Candidate (1 1/2 Hr.)	_____ \$175
3. Review for Extension of Supervisory Candidate (1 Hr.)	_____ \$175
4. Review for Extension of Associate Supervisory Status (1 Hr.)	_____ \$175
5. Review of Supervisory Competency (1 Hr.)	_____ \$175
6. Review of Supervisory Activity (Unattached) (1 Hr.)	_____ \$175
7. Consultation concerning readiness of Inactive Supervisor for Certification Commission Review for Resuming Supervisory Practice (1 hr.)	_____ \$125
8. General Advice and Consultation (1 Hr.)	_____ \$125

FOR READINESS, CANDIDACY, AND EXT OF CANDIDACY, WHO IS THE
CONFIRMED SUPERVISOR ATTENDING THE REQUIRED
CONSULTATION? _____

Former Supervisors

Former Committee Presenter, Members

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use back for additional names)

Amount Enclosed \$ _____

Please make check payable to **East Central Region, ACPE.**

Mail with Application to:

Frank S. Impicliche, Certification Co-Chair [for Regional Committee]

Indiana University Health
Spiritual Care and Chaplaincy Services
550 University Blvd., UH 1410
Indianapolis, IN 46202-5250

Beth Newton Watson, Certification Co-Chair [for National Committee]

Indiana University Health
Spiritual Care and Chaplaincy Services
I-65 at 21st St.
P.O. Box 1367
Indianapolis, IN 46206