

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION
Appendix 11
Letter of Intent

- I, _____ (print name), am declaring my intent to:
1. ___ Submit theory papers by _____ (postmarked four weeks from today's date); Go to #4.
 2. ___ Meet the National Certification Commission in: Spring or Fall Year _____
 3. Request (check one):
 - a. ___ Associate Supervisor
 - b. ___ CPE Supervisor
 - i. ___ Check here if requesting to meet Committee in your Region
 - ii. ___ Date and location of regional meeting _____
 - c. ___ Review
 - d. ___ Inactive to Active Status
 4. Date Supervisory Candidate/Associate Supervisor Status expires _____
 5. Your ACPE Region _____
 6. Name of your supervisor if applicable: _____
 7. CPE Center Name: _____
Center Address: _____
Center Phone: _____
 8. Your preferred email address: _____
 9. Your preferred mailing address: _____

 10. Your telephone numbers: (H) _____ (W) _____
(C) _____
 11. Religious Faith Group and Endorser: _____
 12. Cultural Heritage (optional) _____
 13. **(Optional) You may request one (1) person of a certain demographic to be on your committee, e.g., African American member, GLBT member, etc. Do not list a particular person. These requests will be honored as is feasible and based on availability of current commission members and/or regional theory paper readers. Your request:**

*Mail/email this form to persons listed below. Include fee to national office. No fee for theory papers.

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