



ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.
Letter of Intent to Meet the National Certification Commission

I, _____ (print name), am declaring my intent to meet the National Certification Commission.

Please complete the following information.

1. Meeting: _____ Spring or _____ Fall _____ Year
2. Place of meeting for your requested appearance: _____
2. Request (check one):
 CPE Supervisor
 - Check here if requesting to meet Committee in your Region
 Date of Regional Meeting: _____
 Associate
 Review
 Inactive to Active Status
3. Your Region: _____
4. Name of your supervisor if applicable: _____
5. Center Address & Telephone: _____

6. Your preferred email address: _____
7. Your preferred mailing address: _____

8. Your telephone numbers: (H) _____
 (W) _____
 (C) _____
10. Religious Faith Group and Endorser _____
11. Cultural Heritage (optional) _____
12. (Optional) Requests for 1 person of a certain demographic may be requested, i.e. 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. Your request:

*Mail or email this Letter of Intent to: (include fee to the national office)

Deryck Durston
ACPE National Office
1549Clairmont Road, Suite 103
Decatur, GA 30033-4611
deryck@acpe.edu

Robin Booth
Spartanburg Regional Medical Center
101 E Wood St
Spartanburg, SC 29303-3040
rdbooth@srhs.com