

2005 ACPE ACCREDITATION MANUAL - APPENDIX 4 Revised

ANNUAL CENTER REPORT
ACCREDITED MEMBERS, CANDIDACY CENTERS, SATELLITES
YEAR _____

Due JANUARY 15TH each year

The Annual Center Report, submitted annually to the regional **accreditation** chair, is one mechanism by which the **Accreditation** Commission monitors on-going **compliance** with ACPE standards. This report fosters internal dialogue within the center for quality improvement and ongoing dialogue with the regional **accreditation** committee.

Respond to each question, adding appropriate documentation when response is marked with an *. Include an Annual Center Report for each **Satellite Program. Candidacy** centers must include documentation describing how the center is addressing **deficiencies**.

Center: _____
Address: _____
Sponsoring institution _____
Supervisor (s): _____
Administrator to whom program reports: _____
Telephone: () _____ Fax: () _____
Email: _____

- 1) Did the center participate in an **accreditation** review during the year?
_____ YES _____ NO
If YES, skip questions 2 - 6, respond to question 7-10 if appropriate, and submit report.

- 2) ADMINISTRATION:
Have there been administrative changes that affect the CPE **program** since your last report (mergers, consolidations, **Satellite Programs**, components, new contracts, change in supervisor(s), name change, shift in financial support, acquisitions, change in physical space)?
_____ YES* _____ NO

- 3) PASTORAL CONTEXT:
Have there been changes in the pastoral *context* that affect the CPE **program** since your last Annual Report (opportunities for clinical practice, environment for learning, authorization of students to practice their ministry)?
_____ YES* _____ NO

- 4) EDUCATIONAL RESOURCES:
Have there been changes in the educational resources that affect the CPE **program** since your last report (curriculum revisions, standards updates, library resources, **professional advisory group** membership and involvement, professional interaction with persons of other disciplines)?
_____ YES* _____ NO

- 5) POLICIES AND PROCEDURES:
Provide a narrative* of the changes in the policies and procedures relative to the CPE **program** since your last report (admission, financial, **complaint** procedure, student records, student rights and responsibilities, standards changes). *NOTE: Policies and procedures should be reviewed*

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*annually and adjusted to make them consistent with ACPE standards. In these instances, simply indicate the changes made. **The amended policy does not have to be attached in its entirety.***

6) **PROGRAM EVALUATION:**

Provide a paragraph* describing changes resulting from your **program** evaluation; include any success you have experienced in your **program** during the past year.

7) **CENTER NEEDS/CONCERNS:**

Indicate any needs or concerns* you have in relationship to **accreditation** issues your center is facing or has experienced.

8) **COMPLAINTS:**

Has any student filed a **complaint** in a **program** under your **accreditation** during this calendar year? If yes, please attach to your report a description of how the center has processed and/or resolved any **complaint(s)**.

_____ YES* _____ NO

9) **FINANCES:** Are all fees paid and are you in good financial standing with:

ACPE?

_____ YES _____ NO*

Region?

_____ YES _____ NO*

10) **FACULTY DEVELOPMENT:**

Has each **faculty** member met the fifty hour requirement of continuing education and is that documentation being kept on file in the center? If no, please explain.

_____ YES _____ NO*

11) **THRESHOLD REQUIREMENTS**

Has each **program** under your **accreditation** met the completion rate threshold of 75% of students who were oriented to your program completing the program? If no, please explain and include information about how you will meet the threshold before your next annual report.

_____ YES _____ NO*

Signatures required:

Primary ACPE Supervisor

Chair/Representative Professional
Advisory Group

Date

*** ATTACH DOCUMENTATION.**

Thank you for taking the time to update the regional **accreditation** committee on the current status of your training **program**. If there are significant changes between annual reports, please complete the form *Changes in Centers and Programs*, Appendix 5 and submit to your regional **accreditation** committee chair. **Please mail this report, with attachments, to your regional accreditation committee chair or designee.**