

APPENDIX 10

LETTER OF INTENT

I, _____ (print name), am declaring my intent to:

1. ____ Submit theory papers by ____ (postmarked five 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.

Certification Staff
ACPE National Office
One West Court Square
Suite 325
Decatur GA 30030
Certification@acpe.edu

Mary Stewart Hall
ACPE National Certification Chair
Methodist Health System- Pastoral Care
3500 West Wheatland Road
Dallas, TX 75265-5999
CertificationChair@acpe.edu