



Clinical Pastoral Education Training Center Endorsement/Accreditation Application

Applying for: (Check only one)¹

_____ Accreditation _____ Endorsement

Institute/CPE Center: _____

Center Director _____

Email _____ Phone _____

Director's License/credentials² _____

Mailing Address of the CPE Center _____

Division ACM Director³ _____ Phone _____

Director's email _____

Supervisors

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Supervisors-in-Training

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

¹Centers in countries where a professional accreditation is **available** are required to attain that first. **Attach/upload** a copy of accreditation documents. An endorsement of that accreditation is available from AAA/ACI as long as it meets the ACI standards. For all others an accreditation is available. **Attach/upload** a copy of a self-evaluation/detailed description of the program. If denied on basis of Adventist church affiliation, the Center must submit rejection letter/proof.

²Please **attach/upload** front and back of a valid Conference/Union issued license or credential

³Please **attach/upload** a letter of approval from the Division ACM Director and/or a Division officer.

Name _____ Email _____

Name _____ Email _____

Clinical Sites (Check all that apply) Health Care Facilities _____ Campus _____ Prison _____

Advisory Committee Members

(1) _____ Phone _____ Email _____

(2) _____ Phone _____ Email _____

(3) _____ Phone _____ Email _____

(4) _____ Phone _____ Email _____

(5) _____ Phone _____ Email _____

(6) _____ Phone _____ Email _____

For ACI /ACM office use only

AAA/ACI Endorsement/Accreditation Committee Recommendation/Action:

Approved _____ Not Approved _____ Action Pending _____ Conditional Approval _____

Approved by ACM : _____

Chair

Secretary

Date of Committee Action _____

Period of accreditation _____