

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.
EASTERN ACPE REGION

REPORT OF CENTER ACCREDITATION AND STUDENT UNIT FEES FOR 2009

CPE CENTER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LISTING OF ALL SATELLITES/PLACEMENT CENTERS:

Center: _____	# of Students: _____
Center: _____	# of Students: _____
Center: _____	# of Students: _____
Center: _____	# of Students: _____

Please use back of page for additional space for listing of satellites/placements and # of students.

INSTRUCTIONS

1. This report covers all student units completed between September 1, 2008 and August 31, 2009.
2. The **\$75** per student unit fee applies to all training levels. (**Supervisory students are to be counted** as students) To arrive at the appropriate amount, multiply each individual student unit completed during the designated period by 75. For example, four summer students units plus four fall student units times \$75 would equal \$600. (**For ½ unit the fee is \$37.50**)
3. Add the annual center accreditation fee of \$250 to the above total.
4. The report and payment for the student fee plus the annual center accreditation fee is **due October 31, 2009 and to be received no later than November 15, 2009.**

FEE COMPUTATIONS

- | | |
|--|---------|
| 1. Total number of student units _____ times \$75 per unit | = _____ |
| 2. Minus previously paid fees if applicable | = _____ |
| 3. Plus annual center accreditation fee of \$250 | = _____ |
| 4. Total amount submitted with this report | = _____ |

SUPERVISOR'S SIGNATURE _____

Please make check payable to: **Eastern ACPE Region**
Send check with this report to: **76 Swarthmore Street**
Hamden, Connecticut 06517

THANK YOU OR YOUR TIMELY RESPONSE