

**Application to Meet the Eastern Region
Certification Committee**

Name: _____ **Meeting Date:** _____

Address: _____

Phone: _____

E-Mail: _____

Current Supervisor: _____

Request For:

- ____ Consultation: Readiness for Supervisory CPE
- ____ Admission to Supervisory Candidate Status
- ____ Extension of Supervisory Candidate Status I
- ____ Extension of Supervisory Candidate Status II
- ____ Extension of Associate Supervisor Status I
- ____ Extension of Associate Supervisor Status II
- ____ Other {Please specify} _____

Previous Supervisors

Previous Presenters

Please make the check for the appearance payable to “**EASTERN REGION- ACPE**”.
Send this application for declaration and check to: Sr. Dr. Maureen Mitchell, RSM
Department of Pastoral Care & Education, North Shore Community Hospital, 300 Community Drive,
Manhasset, NY 11030; Phone: (516) 562-4043; Fax: (516) 562-1395 E-Mail: MMichels@nshs.edu

(Fees: Readiness - \$150; Candidacy - \$200; Extension - \$200; M.Div. Eq. \$200)