

**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

Chaplains’ Department, VA NYHHS, 423 East 23rd Street - #12, New York, NY 10010; Phone: (212)

686-7500; E-Mail: Maureen.Mitchell2@va.gov

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