

APPENDIX 2

ACCREDITATION FACE SHEET*

Date: _____ **Region:** _____

Center: _____

Address: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Chief Executive Officer: _____ **Title:** _____

Sponsoring Institution: _____

Address (if different from center's): _____

Principal ACPE Supervisor: _____

Person to whom principal ACPE Supervisor is accountable: _____

Request for:

____ **Candidacy for Accredited Member (Institution Sponsored Center)**

____ **Candidacy to Accredited Member (Institution Sponsored Center)**

____ **Accreditation as System Center**

____ **No prior accreditation** ____ **Existing accredited centers**

____ **Freestanding center**

____ **Candidacy for Accredited Member** ____ **Single site** ____ **Multiple sites**

____ **Candidacy to Accredited Member** ____ **Single site** ____ **Multiple sites**

____ **Addition of Satellite Program**

____ **Directory listing**

____ **Satellite Program to Accredited Member**

____ **Ten Year Review** ____ **Notation(s) removal**

____ **Addition of a Component Site** ____ **Addition of Supervisory CPE**

Center offers/plans to offer: ____ **CPE Level I** ____ **CPE Level II** ____ **Supervisory CPE**

*Attach form to materials submitted for **accreditation** review. Submit copies of all materials to all members of the site team, the regional reviewer and regional **accreditation** committee chair at least 45 days prior to the site visit. *Note: consult with regional **accreditation** chair about sending materials to the regional reviewer as there are regional differences.*