



**North Central Region, Association for Clinical Pastoral Education**  
**Letter of Intent to Meet the Regional Certification Committee**

I, \_\_\_\_\_ (print name), am declaring my intent to meet the North Central Region Certification Committee.

**Please complete the following information, save a copy and email a copy to the Chair of the Certification Committee and the Regional Director.**

1. Meeting date:
2. Place of meeting for your requested appearance:

Request (check one):

\_\_\_\_\_ CPE Supervisor     - Check here if requesting to meet Committee in your Region

                    Date of Regional Meeting: \_\_\_\_\_

\_\_\_\_\_ Candidate

\_\_\_\_\_ Extension of Candidate

\_\_\_\_\_ Extension of Associate Supervisor

3. Name of your supervisor if applicable:

5. Center Address & Telephone:

6. Your preferred email address:

7. Your preferred mailing address:

8. Your telephone numbers:

(H) \_\_\_\_\_

(W) \_\_\_\_\_

(C) \_\_\_\_\_

10. Religious Faith Group and Endorser

11. Cultural Heritage (optional)

12. (Optional) Requests for 1 person of a certain demographic may be requested, i.e. African American member, GLBT member, etc. **Do not list a particular person.** These requests will be honored as is feasible and based on availability of current commission members. Your request: