**ACPE ACCREDITATION COMMISSION**

**CALLED REVIEW REPORT**

**Part I**

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| --- |
| Date of Submission:  |
| Accredited Center: |
| Center ID#: | ACPE Region: |
| Address: |
| Supervisor (s): |
| Supervisor Telephone: | Email: |
| Sponsoring Institution/Agency: |
| Administrator to whom program reports: |
| Name: | Title: |
| Telephone: | Email: |
| Regional Accreditation Chair: |
| Date of Site Visit: |
| Date of Report: |
| **Accreditation Requirements:** |
| ❑ | Regional Accreditation Review | ❑ | National Commission Review | ❑ | Commission Action Required |
| **Time Requirements:**  **Reports:** Center response due within 30 days of receiving Part I Report (postmarked) |
| **Fees:** regional accreditation fee may apply (check regionally) |
| **Copy:** | ❑ | Center Administrator | ❑ | ACPE National Office |
| ❑ | Regional Accreditation Chair | ❑ | Commission Chair | ❑ | Regional Director |

1. Provide a statement of the specific circumstance(s) precipitating the called review. This statement must use the wording from the Commission’s official minutes.
2. Summarize the following specifically, and include all documentation:

2.1. The reviewer(s) contact with the center prior to the site visit (include e-mail, phone, and mail contacts).

2.2. The site visit, including summary of all interviews.

2.3. The review of requested documents.

2.4. Any additional specific ACPE Standard issues that the called review team identified during the site visit or document review which were not stated in the circumstances precipitating the called review.

Provide the called review team’s recommendation to the center for response within 14 days of completion of the called review with a copy to the Commission Chair and the Regional Accreditation Chair.