**ACPE ACCREDITATION COMMISSION**

**CALLED REVIEW REPORT**

**Part II**

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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:** Reviewer’s Report Part II due within 14-days of receiving Center’s Response (postmarked) | | | | | | | |
| **Fees:** regional accreditation fee may apply (check regionally) | | | | | | | |
| **Copy:** | | | ❑ | Center Administrator | | ❑ | ACPE National Office |
| ❑ | Regional Accreditation Chair | | ❑ | Commission Chair | | ❑ | Regional Director |

1. Comment on the Center’s written response to the Called Review team visit and Called Review Report—Part I. Assess the center’s compliance or feasibility for compliance with ACPE Standards.

2. Summarize specific issues for discussion by the Accreditation Commission.

3. Note and describe areas of noncompliance or deficiency(ies), citing the specific standard(s) involved.

4. Record the site visit team’s vote on its recommendation for action.