**Regional Accreditation Committee Action**

**Annual Center Report Review for \_\_\_\_\_ Year**

**Recommendations to the Accreditation Commission**

|  |  |
| --- | --- |
| **Date of Committee Review:**  | **ACPE Region:** |
| **Center** (host): | **Center ID#:** |
| **Center Address:** |
| 🞎 Component Site, name: | Site ID#: |
| 🞎 Satellite, name: | Satellite ID#: |
| Address: |
| **Supervisor (s):** |
| **Supervisor Telephone:** | **Email:** |
| **Sponsoring Institution/Agency:** |
| **Administrator to whom program reports:** |
|  | **Name:** | **Title:** |
|  | **Telephone:** | **Email:** |

|  |  |  |
| --- | --- | --- |
| **Center Type:** | 🞎 Institutional | 🞎 System Add Number of Component Sites: |
|  | 🞎 Pre-Accredited Center | 🞎 Free Standing |
|  | Satellites: 🞎 Yes 🞎 No | Number of Satellites: 🞎 N/A |

**Sections 1, 2 and 3 must be completed by the reviewer for each Center Report annually.**

**Section 1—Requirements for All Center Types:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Q1** | **Accreditation Review:**  | **🞎 Yes** Questions 2 – 6 are optional.  Question 7-12 are required annually. | **🞎 No** All questions required |

Use this checklist table for the center and, if applicable, for each component site and/or satellite.

|  |  |
| --- | --- |
| 🞎 Center (host) |  |
| 🞎 Satellite, name: |  |
| 🞎 Component Site, name: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Annual Report Questions** (Q) |  |  | **Reviewer follow up** |
|  | * **Report On Time:** January 15
 | 🞎 Yes | 🞎 No  | No-Recommend notation  |
|  | * **PCC/PAG Signature:**
 | 🞎 Yes | 🞎 No  | No-Request signature |
| **Q2** | * **Administration:** Describe changes.
 | 🞎 Yes | 🞎 No | Yes-Requires narrative |
| **Q3** | * **Pastoral Context:** Describe changes.
 | 🞎 Yes | 🞎 No | Yes-Requires narrative |
| **Q4** | * **Educational Resources:** Describe changes.
 | 🞎 Yes | 🞎 No | Yes-Requires narrative |
| **Q5** | * **Policies and Procedures:** Describe changes.
 | 🞎 Yes | 🞎 No | No-Request additional information |
| **Q6** | * **Program Evaluations:** Describe changes.
 | 🞎 Yes | 🞎 No | No-Request additional information |
| **Q7** | * **Needs and Concerns:**
* **Notations:** 🞎 Yes 🞎 No 🞎 N/A

Outstanding 🞎 Yes 🞎 No 🞎 in process Response due 🞎 March 1st 🞎 Sept. 1st List Notation Assigned: List Notation Removed: | 🞎 Yes | 🞎 No | Yes-Follow up with centerIf information is not clear, follow up as needed  |
| **Q8** | * **Complaints:** 🞎 Yes 🞎 No 🞎 N/A

🞎 in process Properly Resolved/Satisfied  | 🞎 Yes | 🞎 No | Request additional information only when not properly resolved |
| **Q9** | * **Finances:** All fees paid. 🞎 N/A
 | 🞎 Yes | 🞎 No | No-Request additional information |
| **Q10** | * **Faculty Development:** 🞎 N/A
 | 🞎 Yes | 🞎 No | No-Request additional information |
| **Q11** | * **Completion Rates:** 🞎 N/A
 | 🞎 Yes | 🞎 No | No-Request additional information |
| **Q12** | * **Agreements:** List Educational P., Clinical P., Satellite, and DL Agreements yearly. 🞎 N/A
* Educational P. and DL attached. 🞎 N/A
 | 🞎 Yes🞎 Yes | 🞎 No🞎 No | No-Request additional informationNo-Request additional information |
| **Additional Comments** |

**Section 2—Requirements for Specific Center Types:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **If answers is “No”** |
| * **System Centers** havea report for each component site attached to the system report
 | 🞎 Yes | 🞎 No | Request additional info |
| * **Candidacy Centers** include documentation describing how the center is addressing deficiencies, if any were assigned (Annual Report pg. 1).
 | 🞎 Yes | 🞎 No | Request additional info |
| * **Centers with Satellite Programs** have a report for each Satellite attached to the host center report
 | 🞎 Yes | 🞎 No | Request additional info |
| Additional Comments |

**Section 3—Accreditation Committee Actions and Recommendations:**

|  |  |  |
| --- | --- | --- |
| **Regional Committee Review** | 🞎 | Receive Report and Affirm Center |
| 🞎 | Receive Report and request additional documentation and/or make recommendations to: 🞎 Center 🞎 Commission 🞎 Notation(s), list Standard(s): |
| 🞎 | Following request above and further communication, request consultation and/or site visit at the center’s expense. Recommendations following the consultation/site visit to: 🞎 Center 🞎 Commission 🞎 Notation(s), list Standard(s):Further Commission action may take place in next meeting.  |
| **Discussion:** |
| **Vote:**   | **Yes:** | **No:** | **Abstain:** |
| **Date:**   | **Regional Committee Reviewer:** |
| The Regional Chair is responsible to make sure that all Annual Report actions by the Regional Accreditation Committee are follow up and completed in time for the Commission’s meeting. |

**Section 4—Accreditation Commission Action**

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| --- |
| **Documentation of ACPE Accreditation Commission Action**  |
| **Date:**  | **Location:** |
| 🞎 Accepted Region’s recommendation to receive report and affirm center**.** 🞎 Other. Describe:  |
| The National Office will send Commission Action Reports to Centers after the Spring meeting. |

*Regional Chair: See Appendix P- 26 for the required form for Regional Accreditation report and documentation of all recommendations for Commission Action in preparation for Commission meetings.*