ACPE ACCREDITATION COMMISSION

REGIONAL **REVIEWER REPORT TO ADD A SATELLITE PROGRAM OR COMPONENT TO ACCREDITED MEMBER**

**Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Satellite Program Center*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_*\_***

**Satellite Program Supervisors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accredited Member Host Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisors at Accredited Member Host Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Types of programs: CPE Level I /Level II \_\_\_\_\_ Supervisory CPE \_\_\_\_\_**

**Evaluation of Materials:**

1. Material Submitted

\_\_\_\_\_ 1.1. Written request to add a Satellite Program

\_\_\_\_\_ 1.2. Accreditation Review Request and Face Sheet([*2016 Accreditation Manual* Appendix 3](https://acpeincatl-my.sharepoint.com/personal/marc_acpe_edu/Documents/2016%20Appendices%20for%20Website/Accreditation%20Links/APPENDIX%203.pdf))

\_\_\_\_\_ 1.3. Copy of Satellite Program agreement/contract

\_\_\_\_\_ a. Delineates educational and administrative mechanisms of relationship

\_\_\_\_\_ b. Includes delineation of Supervisory Involvement of Training Supervisor if Satellite Program employs/contracts a Supervisory Candidate or SES

\_\_\_\_\_c. All needed signatures present

\_\_\_\_\_1.4. History of CPE at Satellite Program site

\_\_\_\_\_1.5. Satellite Program Specific Student Handbook

\_\_\_\_\_1.6. Specific Handbooks of Clinical/Educational Placements (include copies of agreements)

\_\_\_\_\_1.7. If to be listed in ACPE Directory:

\_\_\_\_\_ a. Site Visit scheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ b. Accreditation Review Request and Face Sheet([*2016 Accreditation Manual, Appendix 3*](https://acpeincatl-my.sharepoint.com/personal/marc_acpe_edu/Documents/2016%20Appendices%20for%20Website/Accreditation%20Links/APPENDIX%203.pdf)*)*

\_\_\_\_\_ c. Copy of Regional Accreditation Committee’s recommendation and file of material

(to include: site visit report verifying compliance with ACPE Standards, Satellite

Program agreement/contract, and satellite program specific student handbook(s),

\_\_\_\_\_ d. copy of Clinical Placement Handbook Materials and Agreements (if any clinical

placement sites), Copy of the Regional Reviewer Report)

2. Summarize Request for Addition of a Satellite Program

3. Date Provisional Status given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Evaluate if Satellite Program agreement or contract is in compliance.

5. Evaluate if the Student Handbook is in compliance.

6. Identify requests for additional information from Accredited Member Center, if any, and describe Accredited Member Center’s response to request for additional information.

8. Additional critique and/or recommendations.

9. Regional Committee recommendation:

9.1. Grant addition of Satellite Program with or without recommendations or notations.

9.2. Deny request to add a Satellite Program.

**Reviewers:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_