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|  | Accreditation Review Request |
| Section 1: Center Demographic Information | |
| |  | | --- | | **Date of Submission:** | | |  | | --- | | **Accredited Center Name: Center ID:** | | **Center Address:** | | **CURRENTLY ACCREDITED AS *(check all that apply)*:**  **Not Currently Accredited  Accredited Center  Satellite  System Center  Component Site  Certified Educator CPE**  **If you are a System Center, please answer the following:**  **Number \_\_\_\_\_ Name(s) of Component Site(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If your center has Satellites, please answer the following:**  **Number \_\_\_\_\_ Name(s) of Satellite(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | | **Name of ACPE Certified Educator:** | | **Email: Phone:** | | **Name and title of administrator to whom program reports:** | | **Email: Phone:** | | **Institution’s Chief Executive Officer:** | | **Email: Phone:** | | | **Section 2: Type of Review Requested *(check all that apply)*** | | **INITIAL ACCREDITATION OPTIONS**  **Application for Provisional Accreditation**  **Provisional Accreditation to Accredited/System Center *circle one***  **Satellite Program/Component Site to Accredited/System Center** *circle one*  **PROGRAM ADDITIONS**  **Addition of a Component Site Name(s) of Component Site(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Addition of a Satellite Program Name(s) of Satellite Site(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Addition of Certified Educator CPE**  **CHANGES IN CENTER STATUS**  **Accredited Center to a System Center**  **Component Site(s): Number \_\_\_\_\_ Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **System Center to Accredited Center**  **Request for Inactive Status  Request for Reactivation of Status**  **Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **POSTPONEMENT REQUEST**  **6 Year Review and Site Visit**  **REASON**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **PREFERRED DATES FOR REVIEW (all site visits must take place prior to October 15 of each year):**  **1st Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **EMAIL COMPLETED FORM TO** [**ACCREDITATION@ACPE.EDU**](mailto:ACCREDITATION@ACPE.EDU) | | |