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|  | Appendix 3: Accreditation Review Request and Face Sheet |
| Section 1: Center Demographic Information | |
| |  | | --- | | **Date of Submission:** | | |  | | --- | | **Accredited Center Name: Center ID:** | | **Center Address:** | | **CURRENTLY ACCREDITED AS *(check all that apply)*:**  **Accredited Center**  **System Center**  **Component Sites**  **Number \_\_\_\_\_ Name(s) of Component Site(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Satellite(s)**  **Number \_\_\_\_\_ Name(s) of Satellite(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Certified Educator CPE** | |  | | **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 to be a pre-accredited center**  **Pre-accredited to Accredited/System Center**  **Satellite Program/Component Site to Accredited/System Center**  **PERIODIC REVIEW**  **10 Year Review  Postponement Request for:  5 Year Review  10 Year Review**  **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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **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)  **WITH A COPY TO YOUR AREA ACCREDITATION CHAIR** | | |