

**APPENDIX 1**

**ANNUAL CENTER REPORT  
ACCREDITED MEMBERS, CANDIDACY CENTERS,  
SATELLITE PROGRAMS**

**YEAR** \_\_\_\_\_

**Due JANUARY 15TH each year**

The Annual Center Report, submitted annually to the regional accreditation chair, is one mechanism by which the Accreditation Commission monitors on-going compliance with ACPE standards. This report fosters internal dialogue within the center for quality improvement and ongoing dialogue with the regional accreditation committee.

Respond to each question; **add appropriate documentation when response is marked with an \***. Include an Annual Center Report for each Satellite Program. Candidacy centers must include documentation in their annual reports describing how the center is addressing deficiencies, if any were assigned.

**Center:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Supervisor(s):** \_\_\_\_\_  
**Supervisor Telephone:** ( ) \_\_\_\_\_ **Fax:**( ) \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Sponsoring Institution/Agency:** \_\_\_\_\_  
**Administrator to whom program reports:** \_\_\_\_\_  
**Administrator Telephone:** ( ) \_\_\_\_\_ **Fax:**( ) \_\_\_\_\_  
**Email:** \_\_\_\_\_

Did the center participate in an accreditation review during the year?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, skip questions 2 - 6, respond to question 7-10 if appropriate, and submit report.

- 2) ADMINISTRATION:  
 Have there been administrative changes that affect the CPE program since your last report (mergers, consolidations, Satellite Programs, components, new contracts, change in supervisor(s), name change, shift in financial support, acquisitions, change in physical space)? \_\_\_\_\_ YES\* \_\_\_\_\_ NO
  
- 3) PASTORAL CONTEXT:  
 Have there been changes in the pastoral *context* that affect the CPE program since your last Annual Report (opportunities for clinical practice, environment for learning, authorization of students to practice their ministry)? \_\_\_\_\_ YES\* \_\_\_\_\_ NO
  
- 4) EDUCATIONAL RESOURCES:  
 Have there been changes in the educational resources that affect the CPE program since your last report (curriculum revisions, standards updates, library resources, professional advisory group membership and involvement, professional interaction with persons of other disciplines)? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

**APPENDIX 1 (CONT'D)**

- 5) POLICIES AND PROCEDURES:  
Provide a narrative\* of the changes in the policies and procedures relative to the CPE program since your last report (admission, financial, complaint procedure, student records, student rights and responsibilities, standards changes). *NOTE: Policies and procedures should be reviewed annually and adjusted to make them consistent with ACPE standards. In these instances, simply indicate the changes made. **The amended policy does not have to be attached in its entirety.***
  
- 6) PROGRAM EVALUATION:  
Provide a paragraph\* describing changes resulting from your program evaluation; include any success you have experienced in your program during the past year.
  
- 7) CENTER NEEDS/CONCERNS:  
Is this center concerned about compliance with Standards?  YES\*  NO  
Indicate any needs or concerns about accreditation issues. If out of compliance, include a plan to bring the Center into compliance.
  
- 8) COMPLAINTS:  
Has any student filed a complaint in a program under your accreditation during this calendar year? If yes, please attach to your report a description of how the center has processed and/or resolved any complaint(s). This refers to ethics and educational complaints.  YES\*  NO
  
- 9) FINANCES: Are all fees paid and are you in good financial standing with:  
ACPE?  YES  NO\*  
Region?  YES  NO\*
  
- 10) FACULTY DEVELOPMENT:  
Has each faculty member met the fifty hour requirement of continuing education and is that documentation being kept on file in the center?  YES  NO\*  
If no, please explain.
  
- 11) THRESHOLD REQUIREMENTS  
Review each of this center's programs over the last ten years. Have 75% of students who were oriented to the program(s) received credit?  YES  NO\*  
If no, please explain and include information about how this center will meet the threshold before its next annual report.

***Signatures required:***

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

\_\_\_\_\_  
Primary ACPE Supervisor

\_\_\_\_\_  
Chair/Representative  
Professional Advisory Group

Thank you for taking the time to update the regional accreditation committee on the current status of your training program. If there are significant changes between annual reports, please complete the form *Changes in Centers and Programs*, Appendix 2, p. 63 and submit to your regional accreditation committee chair. **Please mail this report, with attachments, to your regional accreditation committee chair or designee.**