# Letter of Intent to Meet the South Central Certification Committee
# ACPE, Inc.

I, _____(print name), am declaring my intent to meet the Regional Certification Committee.

**Please complete the following information**.

1. Meeting: ☐ Spring or ☐ Fall _____Year
2. Place of meeting for your requested appearance: _____
3. Request (check one):

| | |
|---|---|
| ___ Readiness Consultation | ___ Associate Extension |
| ___ Candidacy | ___ CPE Supervisor in South Central Region |
| ___ Candidacy Extension | ___ Inactive to Active Status |

4. Name of your supervisor if applicable: _____
5. Center: _____

   Center Address: _____

   _____

   Center Phone: _____
6. Your preferred email address: _____
7. Your preferred mailing address: _____

   _____
8. Your telephone numbers: (H) _____ (W) _____ (C) _____
9. Religious Faith Group and Endorser_____
10. Cultural Heritage (optional) _____
11. (Optional) Requests for 1 person of a certain demographic may be made, i.e. African American member, GLBT member, etc. **Do not list a particular person.** These requests will be honored as is feasible and based on availability of current committee members. Your request:

_____

*Mail or email this Letter of Intent to:

Janet Barriger
St. Anthony North Health Campus
14300 Orchard Parkway
Westminster, CO 80023
janetbarriger@centura.org

With copy to:

Trace Haythorn
ACPE Executive Director
One West Court Square, Ste. 325
Decatur, GA 30030
trace@acpe.edu

Send fee to Regional Director: Stuart A. Plummer, P O Box 529, Jackson, WY 83001