

COMISS Commission for Accreditation of Pastoral Services

Accreditation Application

1. Organization: _____

Address: _____

Telephone: () _____ Fax: _____

Administrator's Name and Title: _____

2. Director of Pastoral Services: _____

Email Address: _____

3. Site Evaluation For: ' Assessment and Evaluation
(Please Check One) ' Accreditation
 ' Periodic Review for Continued Accreditation
 ' Consultation

4. Date of most recent Site Visit (If applicable): _____

5. Site Visit Date Range: a) Preferred _____ b) Alternate _____

6. Signatures: This request must carry the signatures of the Administrators of the Sponsoring Institution and Director of the Pastoral Services Program.

Program Director: _____
(Signature)

Title: _____ Date: _____

Institution Administrator: _____
(Signature)

Title: _____ Date: _____

For Office Use

Application Rec'd

Fee Rec'd

Material Rec'd

Site Visit Date

Return to: COMISS Network
c/o Chaplain James R. Taylor, M.Div., BCC, ACPE
CCAPS Chair
16806 Windsor Park Drive
Lutz, FL 33549



The COMISS Commission for Accreditation of Pastoral Services
is a commission of
COMISS Network: The Network on Ministry in Specialized Settings