



APPLICATION: CCAPS (COMISS Commission for the Accreditation of Pastoral Services)

Name and Address of Organization	
Requesting:	<ul style="list-style-type: none"> A. Assessment and Evaluation B. CCAPS accreditation C. Periodic Review for continued CCAPS accreditation
Name, title, telephone, and email of contact person	
Director of Chaplaincy contact information	
Date of last site visit (If applicable)	
Date Accreditation Expires (if applicable)	
Preferred time for site visit or consultation	Month or Season ((Fall, Winter, Spring, Summer)
Name of CEO/Administrator:	Signature Date:
Name of Director of Chaplaincy Services:	Signature Date:

Return via email to: Russell H. Davis, PhD, CCAPS Chair at russell.haden.davis@gmail.com.