



## CENTER for SPIRITUAL CARE & PASTORAL FORMATION

### **CERTIFICATION REVIEW BOARD DECISION SUMMARY**

*This is an official summary of the decisions made by the candidate's Certification Review Board.*

<b>Meeting Information</b>	
Candidate's Full Name <small>(Please check spelling)</small>	
Certification Category(ies)	
Date and Time	
Place	
Certification Type <small>(Check one only.)</small>	<input type="checkbox"/> Regular <input type="checkbox"/> Reciprocal

<b>Decision</b>	<input type="checkbox"/> The candidate's request was <i>not approved</i> . <input type="checkbox"/> The candidate's request was <i>provisionally approved</i> . The provisions will be documented in the <i>Notice of Decision</i> . <input type="checkbox"/> The candidate's request was <i>approved</i> . Please issue certificate(s) in the above name and category(ies).		
<b>Board Member Signatures</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Signature</b></td> <td style="width: 50%;"><b>Printed Name</b></td> </tr> </table>	<b>Signature</b>	<b>Printed Name</b>
<b>Signature</b>	<b>Printed Name</b>		
<small>(For regular certification, all three board members plus the Review Liaison should sign.)</small>			
<small>For reciprocal certification, the three board members sign, there is no Review Liaison.)</small>			

	<b>Practitioner Community Mailing Information (for mailing certificate)</b>
Practitioner Community Liaison Name	
Mailing Address	
Best Contact	
<input type="checkbox"/> Email	
<input type="checkbox"/> Phone	

Please call (925) 658-5740, opt 4, if there are any questions about completing this form.