

**CERTIFICATION OF COUNSELING EDUCATION**

Authority: 1978 PA 368

This form must be submitted directly to this office by your educational institution. If this form is submitted by the applicant, it will not be accepted.

**SECTION OF FORM TO BE COMPLETED BY APPLICANT:**

Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	Email Address	
Name of Educational Institution		
Address of Educational Institution		
City	State	Zip Code
Date of Admission	Date Degree Granted	
Level of Degree Granted	Discipline/Program Title	

**REMAINDER OF FORM TO BE COMPLETED BY THE PROGRAM REPRESENTATIVE:**

If the master's or doctoral degree program was not accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or the Council on Rehabilitation Education (CORE), the program must include course work in all of the content areas listed below. Please list the course titles and course numbers completed for each content area as defined in R 338.1751. A course description and/or syllabus must be provided for all courses listed.	
Career Development:	Consulting:
Counseling Philosophy:	Group Techniques:
Counseling Techniques:	Research Methodology:
Testing Procedures:	Professional Ethics:
Counseling Theories:	Multicultural Counseling:

**CERTIFICATION AND SIGNATURE**

I certify \_\_\_\_\_ attended \_\_\_\_\_  
(Name of Applicant) (Name of Educational Institution)

from \_\_\_\_\_ to \_\_\_\_\_ and was granted a \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year) (Level)

degree in \_\_\_\_\_. I also certify the length of the program was at least 48  
(Discipline/Program Title)  
semester hours or 72 quarter hours, the program included a practicum and the program included an internship of at least  
600 hours.

This program is accredited by:      CACREP      CORE

This program is regionally accredited by: \_\_\_\_\_

\_\_\_\_\_  
Signature of Program Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Director or Superintendent

(Seal)      If academic institution has no seal, please indicate.