



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.

APPLICANT MUST COMPLETE PAGE 1 OF FORM

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	

EDUCATIONAL PROGRAM REPRESENTATIVE MUST COMPLETE REMAINDER OF FORM

SECTION 1

PROGRAM REPRESENTATIVE CERTIFICATION	
I certify that _____ (Name of Applicant)	attended _____ (Name of Educational Institution)
from _____ (Month/Day/Year)	to _____ (Month/Day/Year) and was granted a _____ (Level)
degree in _____ (Discipline/Program Title). I also certify that the length of this program contained at least	
48 semester hours or 72 quarter hours. I further certify that this program is accredited by:	
CACREP	REGIONALLY ACCREDITED BY: _____

SECTION 2 MUST BE COMPLETED ONLY FOR EDUCATIONAL PROGRAMS THAT ARE NOT CACREP ACCREDITED.

<p>A program that is not accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), must include coursework and training in the diagnosis and treatment of mental and emotional disorders and all other coursework requirements of CACREP, including practicum and internship requirements.</p> <p>Please insert below the name of the course(s) and the corresponding course number(s) completed that cover the coursework requirements. Further, you must send a course description and syllabus for these courses to the Department for review.</p>		
Yes	No	<p>DIAGNOSIS</p> <p>Course Name: _____ Course #: _____</p>
Yes	No	<p>TREATMENT OF MENTAL AND EMOTIONAL DISORDERS</p> <p>Course Name: _____ Course #: _____</p>
Yes	No	<p>PROFESSIONAL ORIENTATION AND ETHICAL PRACTICE</p> <p>Course Name: _____ Course #: _____</p>
Yes	No	<p>SOCIAL AND CULTURAL DIVERSITY</p> <p>Course Name: _____ Course #: _____</p>
Yes	No	<p>HUMAN GROWTH AND DEVELOPMENT</p> <p>Course Name: _____ Course #: _____</p>

Yes	No	CAREER DEVELOPMENT Course Name: _____ Course #: _____
Yes	No	HELPING RELATIONSHIPS Course Name: _____ Course #: _____
Yes	No	GROUP WORK Course Name: _____ Course #: _____
Yes	No	ASSESSMENT Course Name: _____ Course #: _____
Yes	No	RESEARCH AND PROGRAM EVALUATION Course Name: _____ Course #: _____
Yes	No	PRACTICUM Course Name: _____ Course #: _____
Yes	No	INTERNSHIP Course Name: _____ Course #: _____

SECTION 3

The courses taken and degree earned by _____ (Name of Applicant) meets the requirements of the Michigan Public Health Code.

Signature of Program Representative

Date

Print or type name of Program Representative

Contact telephone number

Print or Type Name of Director or Superintendent

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