

NAME (Last, First, MI):

O. THE PROGRAM WAS ACCREDITED BY THE COUNCIL FOR ACCREDITATION OF COUNSELING AND RELATED EDUCATIONAL PROGRAMS (CACREP), THE COUNCIL FOR REHABILITATION EDUCATION (CORE), OR THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA) AT THE TIME THE PROGRAM WAS COMPLETED. YES NO

P. In the table below, list GRADUATE LEVEL coursework completed by the applicant in each of the required core areas. Include BOTH the UNIT of credit and the AMOUNT of credit awarded. For Semester Hours, abbreviate "SH". For Quarter Hours, abbreviate "QH". For all other units of credit please include information about conversion to semester hours. (_____ = 3 semester hours.)

Do not include courses that do not fit the required core areas. If no course was completed in a specific core area, mark "NONE". If no credit was awarded, mark "ZERO".

Please refer to Rules 68 IAC Section 1375.Appendix A for more information about each core area.

Attach additional pages if necessary. Failure to complete this section of the application correctly may result in licensure delays for the applicant.

AREA	YEAR	COURSE NO.	COURSE TITLE	CREDIT AWARDED
Human Growth and Development				
Counseling Theory				
Counseling Techniques				
Group Dynamics, Processing and Counseling				
Appraisal of Individuals (Assessment)				
Research and Evaluation				
Professional, Legal & Ethical Responsibilities				
Social and Cultural Foundations				
Lifestyle and Career Development				
Practicum / Internship*				
* Completed at least 700 clock hours on-site including at least 280 hours direct client service.				YES / NO
Maladaptive Behavior & Psychopathology				
Addictions / Substance Abuse				
Family Dynamics				

SSN OR ITIN:

I certify that the information recorded herein is true and correct according to the official records of this institution.

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this _____ day of _____, 20____.

Date of Expiration

Signature of Notary Public

Profession:

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT