

CACREP Team Member Application

Thank you for your interest in becoming a CACREP on-site team member. Please note that the following requirements must be met in order for you to be trained as a team member:

- 1) You must hold a master's degree in counseling or a closely related field;
- 2) You must have three years of counseling or related experience;
- 3) You must be a member of ACA or of a division of ACA holding membership on the CACREP Board;
- 4) You must provide a letter from your employer or supervisor endorsing you for the position of CACREP team visitor;
- 5) You must provide a current resume or vitae;
- 6) If your highest degree is not in counseling or counselor education, please address the following:
 - a) Describe your counseling identity
 - b) Through your vitae, be sure to provide evidence of participation in ACA, ACES, state, regional or national counseling associations and publication in counseling journals.

When you submit the attached application along with your vitae or resume and the letter of endorsement, you will be notified of the next training session being offered by CACREP.

CACREP On-Site Team Member Application

1. Last Name _____
First Name _____ Middle Initial _____

Please put an asterisk next to the address you prefer any mail to be sent to: (phone calls will be made to your office unless noted otherwise)

2. Institution _____
Professional Address _____

City _____ State _____ Zip _____

3. Home Address _____

City _____ State _____ Zip _____

4. Office Phone _____ Home Phone _____
FAX _____ E-mail _____

5. Which of the following are you a member of?
ACCA AMHCA ASGW ASERVIC NECA NCDA AAMFT
AMCD ASCA ARCA IAAOC IAMFC ACPA ACA
ACES AADA AHEAD MECA AAC APA Other _____

6. Please indicate with a 1, 2, and 3, your top three areas of expertise:

- _____ Community Counseling
_____ Gerontological Counseling
_____ Career Counseling
_____ Marriage and Family Counseling/Therapy
_____ Mental Health Counseling
_____ School Counseling
_____ Student Affairs Practice in Higher Education
_____ Doctoral Programs

7. What is your primary work function?

- | | |
|---|--|
| <input type="checkbox"/> Counselor Education Faculty | <input type="checkbox"/> Secondary School Counseling |
| <input type="checkbox"/> Private Practice Counseling | <input type="checkbox"/> Public Mental Health Counseling |
| <input type="checkbox"/> College Counseling | <input type="checkbox"/> Student Affairs Practice |
| <input type="checkbox"/> Elementary School Counseling | <input type="checkbox"/> Other _____ |

What is your secondary work setting?

- | | |
|---|--|
| <input type="checkbox"/> Counselor Education Faculty | <input type="checkbox"/> Secondary School Counseling |
| <input type="checkbox"/> Private Practice Counseling | <input type="checkbox"/> Public Mental Health Counseling |
| <input type="checkbox"/> College Counseling | <input type="checkbox"/> Student Affairs Practice |
| <input type="checkbox"/> Elementary School Counseling | <input type="checkbox"/> Other _____ |

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Page 2

If your primary or secondary work setting is an institution, please check all of the following that apply to the institution:

- | | | | |
|------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Public | <input type="checkbox"/> Urban | <input type="checkbox"/> Large | <input type="checkbox"/> Mostly F/T Students |
| <input type="checkbox"/> Private | <input type="checkbox"/> Suburban | <input type="checkbox"/> Small | <input type="checkbox"/> Doctoral Students |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Rural | <input type="checkbox"/> Mostly P/T Students | |

8. From what Institution (s) do you hold graduate degrees?

Indicate the type(s) of direct experience you have had with CACREP accreditation by checking **ALL** that apply:

- involved in self-study preparation
- graduated from a CACREP accredited program
- faculty members in a CACREP accredited program
- attended one or more CACREP presentations
- have published articles or presented on CACREP
- served on the CACREP Board of Directors

The next section is optional. CACREP makes every effort to send diverse teams on accreditation visits. In order to help us obtain this diversity, we would appreciate you checking all of the categories below that apply to you.

Gender:

- Male
- Female

Ethnicity:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other _____ |

Language:

Please list any languages beyond English in which you are fluent. _____

Two things need to be included with this application when you return it to the CACREP office. 1) a current vitae or resume, and 2) a letter of endorsement from your employer or supervisor.