**CACREP Site Visit Team Member Application**

**Qualifications**

1. **For Doctoral-Level Full‐Time Faculty Members**: Have earned doctoral degrees in counselor education, preferably from a CACREP-accredited program, or have related doctoral degrees and have been employed as full-time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013.

This provision includes graduates of doctoral level rehabilitation counselor education programs who have taught as full-time faculty in a CORE accredited rehabilitation counseling program for a minimum of one full academic year before January 1, 2018,

**For Part‐time Faculty, Non‐doctoral‐level faculty, or Counseling Practitioners**: Have a master’s degree in counseling or a closely related field.

1. **For Faculty Members**: Identify with the counseling profession (1) through sustained memberships in professional counseling organizations, (2) through the maintenance of certifications and/or licenses related to their counseling specialty area(s), and (3) by showing evidence of sustained (a) professional development and renewal activities related to counseling, (b) professional service and advocacy in counseling, and (c) research and scholarly activity in counseling commensurate with their faculty role.

**For Counseling Practitioners**: Engage in activities of the counseling profession and its professional organizations, including development/renewal (e.g., appropriate professional meetings, conventions, workshops, seminars) and service and advocacy (e.g., program presentations, workshops, consultation, speeches, direct service).

**Note on Professional Counseling Organizations**: organizations whose primary mission is to advocate for and to provide development, support, and/or recognition for professional counselors across the counselor education specialties. For use within the CACREP Standards, it is expected that, at a minimum, should demonstrate membership(s) and active participation in the American Counseling Association (ACA) and its divisions and/or branches and other major counseling organizations such as the American School Counselor Association (ASCA), Chi Sigma Iota (CSI), the Commission on Rehabilitation Counselor Certification (CRCC), the National Board for Certified Counselors (NBCC) and the National Council on Rehabilitation Education (NCRE).

1. **For All Applicants**: Have three years of counseling and/or counselor education‐related experience (excluding practica and internships)

**Application Process**

Submit an application packet including the following:

1) Completed application;

2) A current vita providing evidence of meeting the qualifications specified above;

3) A statement of intent addressing:

a. Why you want to be a CACREP Site Visit Team Member; and

b. Your professional counseling identity.

4) A letter from your employer or supervisor endorsing you for the position of CACREP Site Team Member

**CACREP Site Visit Team Member Application**

Please fill in all requested information below.

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_

Please indicate the address that should be used for mailing materials. Phone calls will be made to your office number unless indicated otherwise.

Work Address: \_\_\_ This address should be used for mailing materials

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_ This address should be used for mailing materials

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_ this is preferred #)

Home/Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_ this is preferred #)

FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please indicate with a 1, 2 and 3 your top three specialty areas of expertise for your work as a Site Visit Team Member, with 1 being the highest rated area:**

\_\_\_\_\_ Addiction Counseling

\_\_\_\_\_ Career Counseling

\_\_\_\_\_ Clinical Mental Health Counseling

\_\_\_\_\_ Clinical Rehabilitation Counseling

\_\_\_\_\_ College Counseling and Student Affairs

\_\_\_\_\_ Marriage Couple and Family Counseling

\_\_\_\_\_ School Counseling

\_\_\_\_\_ Traditional Rehabilitation Counseling

\_\_\_\_\_ Doctoral Programs: Counselor Education and Supervision

1. **Please indicate the professional counseling organizations in which you maintain a current membership and are professionally active.**

\_\_\_\_\_ ACA

\_\_\_\_\_ AADA

\_\_\_\_\_ AARC

\_\_\_\_\_ ACAC

\_\_\_\_\_ ACC

\_\_\_\_\_ ACCA

\_\_\_\_\_ AHC

\_\_\_\_\_ ALGBTIC

\_\_\_\_\_ AMCD

\_\_\_\_\_ AMHCA

\_\_\_\_\_ ARCA

\_\_\_\_\_ ASCA

\_\_\_\_\_ ASERVIC

\_\_\_\_\_ ASGW

\_\_\_\_\_ CSJ

\_\_\_\_\_ IAAOC

\_\_\_\_\_ IAMFC

\_\_\_\_\_ MGCA

\_\_\_\_\_ NCDA

\_\_\_\_\_ NECA

\_\_\_\_\_ CSI

\_\_\_\_\_ NCRE

 Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is your primary work role?**

\_\_\_\_\_ Agency-based Counselor

\_\_\_\_\_ College Counselor

\_\_\_\_\_ Counselor Educator

\_\_\_\_\_ Private Practice Counselor

\_\_\_\_\_ School Counselor

\_\_\_\_\_ Student Affairs Practitioner

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are a counselor education faculty member**, please indicate the name of the college/university and indicate ALL of the following that apply to your institution and counselor education program:

Name of College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Public

\_\_\_\_\_ Private

\_\_\_\_\_ For-Profit

\_\_\_\_\_ Non-Profit

\_\_\_\_\_ HBCU, HSI or Tribal College

\_\_\_\_\_ Faith-based

\_\_\_\_\_ Small (<5K total student enrollment)

\_\_\_\_\_ Medium (5K to 15K total student enrollment)

\_\_\_\_\_ Large (>15K total student enrollment)

\_\_\_\_\_ Urban

\_\_\_\_\_ Suburban

\_\_\_\_\_ Rural

\_\_\_\_\_ Counselor Ed Program: Mostly Part-Time Students

\_\_\_\_\_ Counselor Ed Program: Mostly Full-Time Students

\_\_\_\_\_ Counselor Ed Program: Predominately Online

1. **From what colleges/universities do you hold graduate degrees? Please indicate the name of the college/university and the title and major/specialty area of the degree.**

|  |  |
| --- | --- |
| **College/University** | **Degree Title and Major/Specialty Area** |
|  |  |
|  |  |

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

\_\_\_\_\_ involved in CACREP or CORE self-study preparation

\_\_\_\_\_ graduated from a CACREP- or CORE- accredited master’s-degree program

\_\_\_\_\_ graduated from a CACREP-accredited doctoral program

\_\_\_\_\_ faculty member in a CACREP- or CORE-accredited program

\_\_\_\_\_ attended one or more CACREP training presentations

\_\_\_\_\_ have published articles or presented on CACREP

\_\_\_\_\_ served on the CACREP Board of Directors or CORE Board

1. **Please list any languages beyond English in which you are fluent:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completion of the following items is OPTIONAL, but the information is considered to be very helpful in establishing teams that are balanced, diverse, and representative of the programs and institutions the teams will visit.

**Gender**:

\_\_\_\_\_ Male

\_\_\_\_\_ Female

**Ethnicity**:

\_\_\_\_\_ African American/Black

\_\_\_\_\_ American Indian/ Native Alaskan

\_\_\_\_\_ Asian American

\_\_\_\_\_ Caucasian/ White

\_\_\_\_\_ Hispanic/ Latino/ Spanish American

\_\_\_\_\_ Multiracial

\_\_\_\_\_ Native Hawaiian/ Pacific islander

Do you have a disability for which accommodations would be helpful or necessary while serving on a site visit? If so, please provide any pertinent information. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_