Application for Accreditation
2016 Standards

Eligibility Requirements

The following three items must be met before any application can to be submitted to CACREP.

- ☐ Students are enrolled in each specialty area applying for accreditation.
- ☐ The institution holds regional accreditation.
- ☐ Specialty area and doctoral programs meet the relevant minimum semester/quarter hour requirements as outlined in Standard 1.J and Standard 6.A.1.

Instructions for Submitting Application and Supplemental Documentation

1. Submit a hard copy of the completed Application's Signature Pages (Section 2).
2. Submit a disk or USB drive with the completed Application Form, the supplementary documentation (Application Form Section 3), and the self-study.
3. All submissions must include **one copy** of the disk or USB drive, labeled with the institution's name. See Policy 1.m *Electronic Submission of Accreditation Documents* for formatting guidelines.
4. Mail the copies of the self-study media and a check payable to CACREP for the application fee of $2500.

   Mailing address:

   Council for Accreditation of Counseling and Related Educational Programs
   500 Montgomery Street, Suite 350
   Alexandria, Virginia 22314

Section 1
Application for Accreditation

Date: _____

Institution: _____

Department/Academic Unit: _____

Mailing Address: _____

Institution Website: _____

CACREP Liaison: _____

Telephone: _____ Fax: _____

E-mail: _____

This institution is: (check all that apply):

☐HBCU ☐HSI ☐Tribal College
☐For-profit ☐Public ☐Private
☐Online ☐Faith-based ☐Other _____

Specialty Areas Offered

Place an "X" on the left next to the specialty area(s) for which accreditation is sought. We need three answers for each specialty area under review: 1) indicate by the 'X" which specialty area standards the program is addressing (e.g., Clinical Mental Health Counseling); 2) what your department calls the program on your website and in other media (e.g., Professional Counseling, Clinical Counseling); and 3) what the title of the program is on the student's transcript (e.g., Professional Counseling – Clinical Mental Health Counseling Specialization).

Entry-level

☐ Addiction Counseling ☐M.Ed. ☐M.A. ☐M.S. ☐Other _____

Title of degree/program: _____

Transcript title: _____

☐ Career Counseling ☐M.Ed. ☐M.A. ☐M.S. ☐Other _____

Title of degree/program: _____

Transcript title: _____

☐Clinical Mental Health Counseling ☐M.Ed. ☐M.A. ☐M.S. ☐Other _____

Title of degree/program: _____

Transcript title: _____

☐Clinical Rehabilitation Counseling ☐M.Ed. ☐M.A. ☐M.S. ☐Other _____

Title of degree/program: _____

Transcript title: _____

☐ College Counseling and Student Affairs ☐M.Ed. ☐M.A. ☐M.S. ☐Other _____

Title of degree/program: _____

Transcript title: _____

☐ Marriage, Couple, and Family Counseling ☐M.Ed. ☐M.A. ☐M.S. ☐Other _____

Title of degree/program: _____

Transcript title: _____

☐ School Counseling ☐M.Ed. ☐M.A. ☐M.S. ☐Other _____

Title of degree/program: _____

Transcript title: _____

☐ Rehabilitation Counseling ☐M.Ed. ☐M.A. ☐M.S. ☐Other _____

Title of degree/program: _____

Transcript title: _____

Doctoral-level

☐Counselor Education and Supervision ☐Ph.D. ☐Ed.D. ☐Other _____

Title of degree/program: _____

Transcript title: _____

Section 2
Signature Pages

By signing and submitting this application, you agree to the following:

- To ensure the integrity of this process, it is imperative that professional conduct be exemplified in the application and self-study materials submitted to CACREP, as well as in the accreditation review procedures followed by the accrediting organization. For the process to be effective and fair, it must follow the established review procedures and the information submitted during the review process must be based on clear statements and documentation describing how the program operates. The self-study narrative and supporting evidence must not misrepresent the program by implying resources or any level of strengths that exceed the program's level of operation. Constructive, reciprocal feedback can only be based on an open and honest documentation that follows the prescribed review process**.**

- No feedback will be provided to the program until all current fees that have been paid.

- The accreditation process is voluntary. CACREP will issue an invoice (or W-9 as applicable) for payment of fees, but unless expressly required by law or regulation, CACREP will not sign a procurement or vendor contract with the institution.

- The institution agrees to adhere to all CACREP policies.

President/CEO
of the Institution

Name: _____

Signature: _____

Mailing Address: _____

E-mail: _____

Addressed in correspondence as: ☐Dr. ☐Mr./Ms. ☐Other _____

Dean of
the College or School

Name: _____

Signature: _____

College/School: _____

Mailing Address: _____

E-mail: _____

Addressed in correspondence as: ☐Dr. ☐Mr./Ms. ☐Other _____

Department Chair

Name: _____

Signature: _____

Department: _____

Mailing Address: _____

E-mail: _____

Addressed in correspondence as: ☐Dr. ☐Mr./Ms. ☐Other _____

CACREP Liaison

Name: _____

Signature: _____

Mailing Address: _____

E-mail: _____

Addressed in correspondence as: ☐Dr. ☐Mr./Ms ☐Other _____

Other Official to Receive Correspondence (optional)

Title:

Name: _____

Signature: _____

Mailing Address: _____

E-mail: _____

Addressed in correspondence as: ☐Dr. ☐Mr./Ms. ☐Other _____

Section 3
Required Supplemental Documentation

1. Please list each site and delivery method where the specialty area(s) is offered:

Specialty Area(s)	Site(s) and/or Delivery Method(s)	Can a student take over 50% of coursework here?*

*If the answer is yes at any site or if an alternative online or distance education version of the specialty area(s) is offered, provide summary responses to the conditions in the Multiple Sites Policy (1.o) and/or the Multiple Delivery Methods Policy (1.q).

2. Please provide a current program of study for each specialty area that includes all required courses and indicates the total number of hours required to obtain the degree. This information should also include the number of clinical hours required in practicum and internship courses.

3. Please create tables or charts with the following information. *If the specialty area(s) is offered at multiple sites and/or by different delivery methods, please provide information for each site or delivery method and for the overall program.*

a) Table 1 – Faculty Who Currently Teach in the Program
   1. List all core faculty by name and include each person's credit hours taught in last 12 months, terminal degree and major, primary teaching focus, professional memberships, licenses/ certifications, and nature of involvement in the program(s) (e.g., academic unit leader).
   2. List all non-core faculty by name and include each person's credit hours taught in last 12 months, terminal degree and major, primary teaching focus, professional memberships, licenses/certifications, and nature of involvement in the program(s) (e.g., clinical faculty, adjunct).

b) Table 2 – Current Students
   1. For each applicant specialty area (e.g., School Counseling), please indicate the number of full-time, part-time, and full time equivalent (FTE) students at each campus site and/or delivery method.
   2. Please indicate any other counseling specialty areas in the academic unit that are <u>not</u> applying for accreditation, the number of full-time, part-time, and full time equivalent (FTE) students at each campus site and/or delivery method.

c) Table 3 – Graduates for the Past Three (3) Years
   For each applicant specialty area (e.g., School Counseling), please indicate the number of graduates at each campus site and/or delivery method.

4. Please provide evidence of institutional accreditation by a regional accreditor recognized by the US Department of Education or the Council for Higher Education Accreditation (CHEA). See Policy 8.b.