

Dear Applicant,

Welcome and thank you for your interest in the Department of Counselor Education and Counseling Psychology (CECP). The mission of the Department of Counselor Education and Counseling Psychology is to develop competent, ethical and culturally sensitive counselor education and counseling psychology professionals through graduate education and scholarship. To accomplish this mission, the department offers doctoral training in counseling psychology and counselor education and master's level training in counseling psychology, counselor education (college counseling; clinical mental health counseling; marriage, couples and family counseling; and school counseling), and rehabilitation counseling and rehabilitation counseling/teaching with a concentration in blindness. We strive to recruit and retain students of diverse racial/ethnic backgrounds from local, state, national and international locations. We look forward to receiving your complete application.

This is the CECP department Ph.D. in Counselor Education supplemental application form. Please carefully read and complete this entire form. You should download this supplemental application form and save it on your computer until completed. Once complete please upload the form to TargetX. The completed form should be saved and uploaded as a pdf file. If you are unable to save as a pdf file you may upload as a word file.

All application materials for admission to the Counselor Education Ph.D. program must be received by December 10. If December 10 falls on a weekend or holiday all application materials must be received by the next business day. Initial review of applicants is based on:

- An assessment of a student's grade point average
- Graduate Record Examination scores
- Appropriateness of academic preparation
- Relevance of professional experience
- Quality of references
- Appropriateness of career goals
- Quality of submitted writing samples

Applicants may be interviewed as a final step in the application process. Applicants not selected for interviews will be notified. Following the interview process, the counselor education unit decides which applicants will be offered admission into the program. Notification of acceptance, alternate status, or denial is made as early as possible in the spring semester. Applicants are offered admission for the fall semester only.

**As part of your application submission, you are required to have the three letter of recommendation forms that are part of the on-line application completed. Be certain that persons who are knowledgeable of your academic work and/or your professional experience and potential for success in the doctoral program complete the recommendation forms, e.g., professors, employers, supervisors. The letters should attest to the congruency of the applicant's educational and employment goals as they relate to the department description. In addition to the standard required recommendation form, recommenders may attach a separate letter of reference in addition to the standard recommendation form.**

**Also, as part of your resume, in addition to the standard elements of a resume (e.g., educational and paid work experience, etc.), be sure you identify and clearly label all volunteer human service experience, including starting and ending dates.**

An Applicant will have completed a 48-hour CACREP-accredited master's program or the equivalent to be admitted to the counselor education doctoral program. Conditional status may be granted to doctoral students who do not meet this standard.

Please visit our homepage at [\*\*http://www.wmich.edu/cecp/\*\*](http://www.wmich.edu/cecp/) for additional information.

We appreciate your interest in our programs. If you have any questions about any part the application, feel free to contact our office at (269)387-5100 and we will assist you.

Sincerely,

Counseling Education and Counseling Psychology Department

DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY

CECP Counselor Education Ph.D. Supplemental Application Form

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**If admitted:**

- A. I am a graduate of a CACREP accredited Master's program.

Select one: ☐ **Yes** ☐ **No**

- B. I ☐ **will** ☐ **will not** need financial assistance and / or part-time employment during the program.

- C. I am interested in applying for a doctoral assistantship/associateship.

Select one: ☐ **Yes** ☐ **No**

I am interested in submitting an application for a Thurgood Marshall Fellowship from the Graduate College.

Select one: ☐ **Yes** ☐ **No**

- D. I reviewed the Counselor Education Doctoral Handbook which can be found at <http://www.wmich.edu/cecp/student-resources/handbooks>

Select one: ☐ **Yes** ☐ **No**

**Questions & Acknowledgment**

**General Information:** Today a wide range of professional healthcare and mental health care organizations, agencies, schools and other educational/service organizations providing counseling and clinical services require criminal background checks before permitting individuals to train and/or work in their setting. These may be organizations providing services to potentially vulnerable clients (e.g., young children, juveniles, psychiatric inpatients, elders) and health and mental health care organizations where there is a well-recognized need for individuals in training and working professionally to practice safely. To facilitate movement through and successful completion of our programs, including access for training in our departmental training clinics (i.e., CCPS-Kalamazoo and CCPS Grand Rapids), we ask applicants to respond to the criminal history questions below, and to subsequently complete a criminal history background check after receiving an offer of admission and prior to completion of the first semester in their program of study. Requesting you to do the background check early is to ensure that you are able to move through your program of study as easily as possible while we also live up to our goal of protecting vulnerable clients. If any applicant's background check comes back positive, we will review your circumstances on an individual basis and will take into consideration the type of convictions, your age at the time of the incident and the amount of time that has elapsed since the last incident. In

essence, we will work with you to assess the potential impact on your career and assist in mitigating its impact to the extent that is possible as well as work with you on determining the next steps in your career. Thus, faculty reviewing applications for admission may wish to talk to applicants as part of the admission process if a reported history has possible training and career implications.

**Criminal Conviction History Questions:**

Please answer the following two questions; complete the Statement of Learning from Life Experiences if applicable, and then sign the Acknowledgment and Agreement Statement.

(1) Excluding minor civil traffic violations, have you ever been convicted, pleaded guilty to, or and/or entered a no contest plea to a felony or misdemeanor? ☐ Yes ☐ No

If yes, list date, charge, place, court and action taken. A prior conviction does not necessarily mean that you cannot be admitted to the program to which you have applied. Criminal convictions will be considered in relation to any training and/or career implications for the program to which you have applied. (If applicable, responses may be typed in the expandable area below.)

(1) Do you currently have any felony or misdemeanor charges pending against you, other than minor traffic offenses? ☐ Yes ☐ No

If yes, explain fully (If applicable, responses may be typed in the expandable area below.)

**Statement of Learning from Life Experiences:** Applicants with a criminal conviction history are invited to provide a written statement addressing subsequent learning from life experiences. This invitation is an opportunity to increase our understanding of you in reviewing your application. (If applicable, responses may be typed in the expandable area below.)

**Acknowledgment and Agreement Statement:**

I understand and agree that if I am accepted for admission and enroll in the program, I have applied to in Department of Counselor Education and Counseling Psychology (CECP) that I will complete the background check procedures established by the CECP department at my expense after being accepted and prior to the conclusion of my first semester in the program. I understand that if I do not complete the CECP department's established background check procedures prior to completion

of my first semester that I may not continue to take courses until the background check is completed.

To complete the background check process, I understand that students accepted for admission and enrolling for the first time:

for a fall semester must request and start their background check by October 1<sup>st</sup>

Students will complete another background check when they enter doctoral internship

A program registration hold will be placed on a student's account if the appropriate deadline for starting the background check process is not met.

I understand that if my background check indicates that I have not provided accurate information and/or that I have not disclosed a history of criminal conviction in my answers on my application that I may be dismissed from the program.

I understand and agree that once admitted I will self-report any subsequent arrests or convictions immediately to the CECP department chair. Failure to do so may result in dismissal from the program.

I understand that external training and/or internship placement sites may vary in their background check requirements, procedures, and standards for accepting candidates into their respective professional settings. External sites may require their own separate criminal background checks and procedures.

**I understand that if I have been convicted of a felony or misdemeanor, these incidents may make it difficult to obtain required external/internal agency training experiences (i.e., practicum, field practicum, internship), and if unable to obtain these required experiences I will not be able to complete my program of study and graduate.**

I am further aware that if I have been convicted of a felony or misdemeanor, I may not be eligible for licensure or certification by the State of Michigan **or by other jurisdictions.**

I understand that eventual eligibility for professional licensure is determined by the professional licensing board in the relevant jurisdiction. Professional licensing laws and regulations vary from state to state; and questions concerning eventual eligibility for professional licensure should be directed to the appropriate professional licensing board in the relevant jurisdiction.

**Resources on Implications of History of Criminal Convictions and Employment in Health Care, Mental Health Care and Education Settings.**

I understand that information on the possible implications of a history of criminal convictions and employment, contracting, and clinical privileges in certain public health care, mental health care and educational settings in Michigan is available in the Michigan Public Health Code, the Michigan Mental Health Code and information related to criminal convictions and certification by the Michigan Department of Education.

**Ethics:**

I am aware that students admitted to or taking courses in the Department of Counselor Education and Counseling Psychology are expected to abide by the ethical standards of the professional association relevant to their program of study. Links to each of the professional association relevant to department programs of study may be found at <http://www.wmich.edu/cccp/student-resources/ethics>

**Agreement:**

I certify that the foregoing statements and all information submitted by me in connection with my application for admission are true and correct. I understand that any false, incomplete, or misleading statement or omission by me in my application or credentials may be cause for my rejection for admission or my dismissal if already admitted.

By typing my name below and by submitting this section of the application I certify that I have read and agree with the above statements.

Electronic Signature: \_\_\_\_\_

Date: \_\_\_\_\_