College of Education and Human Development
Department of Counselor Education and
Counseling Psychology

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 and counselor education (clinical mental health counseling; marriage, couples and family counseling; and school counseling and a graduate certificate program in school counseling). 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 MA supplemental application form for the Counselor Education Master's programs in Clinical Mental Health Counseling; Marriage, Couple and Family Counseling; and School Counseling, and the Graduate Certificate Program in School Counseling. 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 your Apply Yourself Application account. 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. Applicants may be asked to schedule a telephone interview as a final step in the application process.

All Counselor Education Master's degree and the School Counseling Graduate Certificate application materials must be **SUBMITTED** for CECP on or before the appropriate application deadline. Application deadlines for each program are listed below.

Master's programs in Clinical Mental Health Counseling; Marriage, Couple, and Family Counseling; and School Counseling.

Graduate Certificate program in School Counseling

Jan. 15 for summer and fall semester admissions*;* **Sept. 15** for spring semester admission

As part of your application submission, you are required to have three letters of recommendation forms completed. Be certain that persons who are knowledgeable of your academic work and/or your professional experience to date fill out the recommendation forms, (e.g., professors, employers, supervisors). We do not accept letters of recommendation from coworkers/peers or other individuals with whom you only have a personal relationship (e.g., friends, family members, mentors). If you have questions about the appropriateness of references, please call the department office.

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

Please visit our homepage at www.wmich.edu/cecp for additional information.

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

Sincerely,
The Department of Counselor Education and Counseling Psychology

DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY
MA and GRADUATE CERTIFICATE SUPPLEMENTAL APPLICATION FORM

MASTER'S PROGRAM OPTIONS and SCHOOL COUNSELING GRADUATE CERTIFICATE CHOICE CONFIRMATION

Applicant's Name:_____

Date of Birth: _____

I am confirming that I wish to apply to the following Master's Program (check one option):

○ *Clinical Mental Health Counseling:*

This option prepares individuals to function as professional counselors in a variety of clinical mental health settings and offers training in advanced appraisal. The program meets the educational requirements for the limited license professional counselor (LLPC) in Michigan. This option is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

○ *Marriage, Couple and Family Counseling:*

This option prepares individuals to work with the contemporary issues facing couples and families withan emphasis on a family systems approach to conceptualization and treatment. This option meets the educational requirements for the limited license as a professional counselor (LLPC) in Michigan and is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Working with an advisor, the option can also meet the educational requirements for the limited license marriage and family therapist (LLMFT) in Michigan.

○ *School Counseling:*

This option prepares individuals for counseling positions within public and private educational settings with an emphasis on the pre-kindergarten, elementary, middle and high school levels. The program meetsthe educational requirements for the school counselor license (K-12) and the limited license as a professional counselor (LLPC) in Michigan. This option is also accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP).

Graduate Certificate Program (for those who have completed a counseling Master's program)

○ *School Counseling Graduate Certificate Program:*

This option is for individuals who already have a master's degree in counseling from a CACREP accredited program and are seeking post-master's degree graduate courses in order to qualify in Michigan for: (1) School Counselor K-12 Licenses (no Michigan Teaching Certificate required) or (2) Counseling Endorsements (K-12) on an existing current, valid Michigan Teaching Certificate. This certificate program is in part, a response to Michigan Public Act (P.A.) 288, 2000. This law mandates that candidates must be recommended by sponsoring counselor education institutions and also pass the Michigan Department of Education Guidance Counselor Examination in order to be licensed or endorsed.

**NOTE: If you are unsure about the selection of a program or option, please contact the CECP Office (269-387-5100). An appointment will be arranged to respond to your questions about selection of a program. Selecting an inappropriate option could affect your application.

Questions and 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 requirecriminal 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. All applicants will, subsequently complete a criminal history background check prior to enrolling in the Practicum in Counseling course. 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 ano 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 youcannot 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.)

(2) Do you currently have any felony or misdemeanor charges pending against you, other than minor trafficoffenses?

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 toprovide 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 backgroundcheck procedures established by the CECP department at my expense prior to enrolling in the Practicum in Counseling course. I understand that if I do not complete the CECP department's established background check procedures prior to taking the Practicum in Counseling course, I may not continue to take courses until the background check is completed.

I understand that if my background check indicates that I have not provided accurate information and/or that Ihave 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 tothe 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 or 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 boardin 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, MentalHealth 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 totheir program of study. Links to each of the professional association relevant to department programs of study may be found on the CECP website.

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 omissionby 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 agreewith the above statements.

Electronic Signature (Type in name):

Date: _____

Once completed and signed, please upload the form to your Apply Yourself Application account. The completed form should be saved and uploaded as a PDF file.

Revised October, 2026.