JOHN CARROLL UNIVERSITY- Clinical Mental Health Counseling Program PCC Track Admissions Survey

Name		Soc.Sec. #		Date:
Address				Phone:
(street)		(city)	(zip)	
Work Address				Phone:
	(street)	(city)	(zip)	
Master's major	•	# sem. Hr	q. Hr	GPA:
Date Received _		Univ. or College		
MAT Score:	Date:	GRE(V&M)		

Please indicate areas of coursework taken as part of your master's program:

Area	Course Name	No.	#hr.
 Human Growth and Development			
 Counseling Theory			
 Coun. Techniques (incl. lab)			
 Group Dynamics, Processing			
 Appraisal (Assessment)			
 Research and Evaluation			
 Prof. Orient. (Legal, Ethical)			
 Social and Cultural Issues			
 Lifestyle and Career Issues			
 Psychopathology (abnormal)			
 Practicum			
 Internship			

Position Held	Organization		Location		Date	
National Certified Counselor	· (NCC)?	(yes) _		_;	(no)	
Ohio Professional Counselor	(LPC)?	(yes) _	(number) (number)	;	(no)	
Other licenses or certification	ns:		· · · · ·			
List professional counseling	organizations to	which	you belong:_			

*Please Note: The Clinical Mental Health Counseling Program is a program of professional training designed for those who wish to acquire counseling knowledge and skills to apply to clinical, community, and private practice settings. Although applicants will not necessarily be precluded for admission on the basis of a prior criminal conviction, they are advised that the State of Ohio Counselor and Social Work Board may refuse to issue a license to an individual with a criminal record. John Carroll University reserves the right to determine whether a specific prior criminal record justifies denial of admission to the Clinical Mental Health Counseling Program.

1. Have you ever been convicted of, found guilty of, pled guilty to or no contest to any crime other than a minor traffic violation? Yes <u>No</u>. If your answer is yes, please explain fully in the space below, specifying the nature of the offense(s), dates of occurrence(s), name and location of the court(s), and sentence(s) imposed. This disclosure must be made whether or not you served a sentence and had your civil rights restored, or whether you have had the conviction(s) expunged. (Use additional sheets if necessary.)

2. Are you currently using illegal drugs or substances or abusing alcohol or other legal drugs?

Yes _____ No _____

3. Have you ever had a professional license, certification, etc. revoked or suspended?

Yes _____ No _____

Certification

The information I have provided above is accurate and complete. I understand that falsifying or omitting information is grounds for denial of admission or immediate dismissal from the Clinical Mental Health Counseling Program and John Carroll University.

Signature

Date