# NEW PROGRAM REGISTRATION APPLICATION FORM FOR SCHOOL COUNSELOR PROGRAMS

**OFFICE OF COLLEGE AND UNIVERSITY EVALUATION**

#### Important Information:

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| * This application should be used by all institutions of higher education who are seeking to **register a new program leading to Initial and/or Professional certification in School Counseling,** including: |
| * + New graduate level degree programs (master’s) |
| * + New advanced certificate programs |
| * **DO NOT** use this application to request the following: |
| * + Programs that prepare individuals for teacher education, educational leadership, or other pupil personnel services (PPS) certification (e.g., School Psychology Certification)   + Programs leading to general academic study   + Programs that prepare individuals for a professional license   + Doctoral programs, including programs leading to School Counseling certification. Please consult your OCUE Associate for information.   + Revisions to existing registered programs (e.g., as a change application: title changes, curricular changes, etc.) |
| * **Program registration standards** are defined in Subchapter A of the Regulations of the Commissioner of Education (Chapter II of Title 8 of the Official Compilation of Codes, Rules and Regulations of the State of New York). NOTE: For information about the application of these standards, please review the Program Registration Guidance Document. <http://www.nysed.gov/college-university-evaluation/program-registration-guidance-documents> |
| * This application includes **attestations and assurances** affirming an institution’s compliance with program registration standards. If an institution is found to be out of compliance with a standard to which it attested compliance, that finding may lead to denial of: (1) registration or re-registration of the program, pursuant to §52.1(l) of the Regulations, and (2) the ability of the institution to utilize attestations in future applications for program registration. |
| * **Questions regarding this application** will be sent to the institution contact designated by the institution’s President or Chief Executive Officer (i.e., the CEO Designee), as applicable. NOTE: If an institution has not identified a CEO Designee, questions will be sent to the institution’s President or Chief Executive Officer. |
| * + SUNY and CUNY institutions must contact System Administration for program registration guidance. |
| * The Department reserves the right to request additional information and/or clarification of any information provided by the institution on this application. |

#### Required Supplemental Materials:

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| * If the proposed program requires **External Review**, an External Review Evaluation Report form and related documents must be submitted with this application. **External Reviews are not needed for programs proposed by institutions with currently registered School Counseling programs**. NOTE: For information about external review, please review the Program Registration Guidance Document. <http://www.nysed.gov/college-university-evaluation/external-reviews> |
| * If the proposed program requires **Master Plan Amendment**, a Master Plan Amendment Supplement form must be submitted with this application. NOTE: For information about master plan amendment, please review the Program Registration Guidance Document. <http://www.nysed.gov/college-university-evaluation/proposals-requiring-master-plan-amendment> |
| * If the proposed program requires **Charter Amendment or Amendment of Certificate of Incorporation**, a petition for charter amendment or an application for Commissioner’s consent must be filed with the Department’s Office of Counsel (<http://www.counsel.nysed.gov/>) when this application is submitted. NOTE: For information about charter amendment or amendment of certificate of incorporation, please review the Program Registration Guidance Document. <http://www.nysed.gov/college-university-evaluation/proposals-requiring-charter-amendment-or-amendment-certificate>   + ***Reminder for SUNY, CUNY, and Proprietary institutions***:   If the proposed program requires **Regents Authorization for the Degree Award**, a memorandum or executive summary from the institution’s Board of Trustees, or similar documentation, must be submitted with this application. |
| * If new courses have been developed as part of the proposed program’s curriculum, **course syllabi** for all new courses must be submitted with this application. NOTE: For information related to course syllabi expectations, please review the Program Registration Guidance Document. <http://www.nysed.gov/college-university-evaluation/department-expectations-curriculum> |

#### Submission Instructions:

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| 1. Complete this application in its entirety. ***NOTE: Incomplete applications will be returned.*** |
| 1. Save the completed new program registration application form and any applicable supplemental materials as ***searchable*** PDF document(s); ***DO NOT SCAN***. |
| 1. Submit the ***searchable*** PDF document(s) via e-mail to [OCUEEdapps@nysed.gov](mailto:OCUEEdapps@nysed.gov) with the subject line: “*New, Institution, Award, Program*” (e.g., SUBJECT: New, XYZ College, MA, School Counseling) ***NOTE: New program registration applications will be accepted as searchable PDFs only.*** |
| *NOTE: All requests for new programs for SUNY and CUNY institutions must be submitted through the applicable System Administration.* |

# NEW PROGRAM REGISTRATION APPLICATION FORM FOR SCHOOL COUNSELOR PROGRAMS

**OFFICE OF COLLEGE AND UNIVERSITY EVALUATION**

#### SECTION I – Program Registration Specifics

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| SED Institution ID: |
| Institution Name: |

**Table 1 Currently Registered School Counseling Programs leading to Provisional and or Permanent Certification**

| Program Title | Program Code | Certification/s | Degree/Award and credits | Indicate if Keeping Program and/or Certification | To Be Terminated (TBT) Date, if Known |
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**Table 2 Proposed Programs Leading to Initial and /or Professional**

| Program Title (Max of 40 characters. Do Not Include the Degree or Award in the Title) | Degree or Award (Master’s (specify) or Advanced Certificate) | HEGIS Code:  For a listing of HEGIS Codes, please refer to the [New York State Taxonomy of Academic Programs](http://www.highered.nysed.gov/ocue/aipr/guidance/gpr19.html). | Credit Total | Certification Level (Initial, Professional or Initial/Professional) |
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* Is the program a **Multiple-Institution** program? **<SELECT YES/NO>**

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| Partner SED Institution ID: | Partner Institution Name: |

* If the program is a **CERTIFICATE OR ADVANCED CERTIFICATE**, identify the associated degree program(s) to which credits apply:

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| SED Program Code: | Program Title: | Award: |

* If **YES** for any of the following, ***applicable supplemental materials*** must be included with this application:

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| Is External Review required? **<SELECT YES/NO>** |
| Is Master Plan Amendment required? **<SELECT YES/NO>** |
| Is Charter Amendment or Amendment of Certificate of Incorporation required? **<SELECT YES/NO>** |
| Is Regents Authorization required (*for SUNY, CUNY, and Proprietary institutions*)? **<SELECT YES/NO>** |

* Identify all **Program Formats**.
  + If 50% or more of the program can be completed online, the program must be registered in the Distance Education format mode. ***NOTE: Hybrid/Blended courses do not count toward the 50% calculation.***
  + Refer to the Format Definitions section of the Department’s Guidance Document for Program Registration. <http://www.nysed.gov/college-university-evaluation/format-definitions>.

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| **SCHEDULE**:  Evening  Evening/Weekend  Weekend  Day**\*\*** |
| **MODE**:  Accelerated  Distance Education  External  Independent Study  Standard**\*\*** |
| **OTHER**:  Bilingual  Cooperative  Language  Upper-Division |
| \*\* The **Day schedule** and **Standard mode** are default program formats in the Inventory of Registered Programs and will only   appear on an institution’s IRP listing if selected in addition to another format. |

* Is the program to be registered at **Multiple Campus** locations? **<SELECT YES/NO>**

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| If **YES**, the submitted application must include the following:   * separate “**SECTION I**” for each program to be registered at each campus location * separate faculty tables for each program to be registered at each campus location  (Refer to **SECTION III**, Question #4J) |

#### SECTION II – Institutional Attestation

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| On behalf of the institution, I hereby attest to the following:  That all educational activities offered as part of this proposed curriculum are aligned with the institutions’ goals and objectives and meet all statutory and regulatory requirements, including but not limited to Parts 50, 52, 53 and 54 of the Regulations of the Commissioner of Education (“Regulations”) and the following specific requirements:   * That credit for study in the proposed program will be granted consistent with the requirements in §50.1(o).   + “Semester hour means a credit, point, or other unit granted for the satisfactory completion of a course which requires at least 15 hours (of 50 minutes each) of instruction and at least 30 hours of supplementary assignments, except as otherwise provided pursuant to §52.2(c)(4) of this Subchapter. This basic measure shall be adjusted proportionately to translate the value of other academic calendars and formats of study in relation to the credit granted for study during the two semesters that comprise an academic year.” * That, consistent with §52.1(b)(3), a reviewing system has been devised to estimate the success of students and faculty in achieving the goals and objectives of the program, including the use of data to inform program improvements.   + The Department reserves the right to request this data at any time and to use such data as part of its evaluation of future program registration applications submitted by the institution. * That, consistent with §52.2(a), the institution possesses the financial resources necessary to accomplish its mission and the purposes of each registered program, provides classrooms and other necessary facilities and equipment as described in §52.2(a)(2) and (3), sufficient for the programs dependent on their use, and provides library resources and maintains collections sufficient to support the institution and each registered curriculum as provided in §52.2(a)(4), including for the program proposed in this application. * That, consistent with §52.2(b), the information provided in this application demonstrates that the institution is in compliance with all requirements relating to faculty. * That all curriculum and courses are offered, and all credits are awarded, consistent with the requirements of §52.2(c). * That admissions decisions are made consistent with the requirements of §52.2(d). * That, consistent with §52.2(e) of the Regulations, overall educational policy and its implementation are the responsibility of the institution’s faculty and academic officers; that the institution establishes, publishes and enforces explicit policies as required by §52.2(e)(3); that academic policies applicable to each course, as required by §52.2(e)(4), including learning objectives and methods of assessing student achievement, are made explicit by the instructor at the beginning of each term; that the institution provides academic advice to students as required by §52.2(e)(5); and that the institution maintains and provides student records as required by §52.2(e)(6). * That, consistent with §52.2(f)(2) of the Regulations, the institution provides adequate academic support services and that all educational activities offered as part of a registered curriculum meet all State regulatory requirements. |

**All identified fields in this section must be completed in order to confirm attestation.**

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| Name and Title of President/Chief Executive Officer  (or institution’s designated SED contact) \*: |  |
| Email Address: | Phone Number: |
| Signature: **<ENTER SIGNATURE>** | Date: **<ENTER DATE>** |

**If the program is a multiple-institution program, the partner institution must provide the following information:**

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| Name and Title of Partner Institution President/Chief Executive Officer (or institution’s designated SED contact) \*: |  |
| Partner SED Institution ID: | Partner Institution Name: |
| Email Address: | Phone Number: |
| Signature: **<ENTER SIGNATURE>** | Date: **<ENTER DATE>** |

**\*NOTE: This application must be signed by either the institution’s President/Chief Executive Officer (CEO) or the designated contact on file with the Office of College and University Evaluation, as authorized by the President/CEO.**

#### SECTION III – Program Design

###### Purpose and Enrollment:

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| 1. Provide a brief description of each program as it will appear in the institution’s catalog. |
| 1. Identify projected enrollments for Year 1 and Year 5 of the program:   Year 1: Year 5: |
| 1. For each proposed program, provide prospective plans for how the faculty intend to collaborate with partnering schools and how the partnering schools will benefit from the partnership. |
| 1. List admission requirements for each proposed program. |

###### Curriculum

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| 1. Submit applicable schedule(s) for each proposed program, as follows:   ***Table A****: Program Schedule – Master’s Degree leading to Initial Certification, minimum of 48 semester hours;*  ***Table B****: Program Schedule – Master’s Degree leading to Initial/Professional Certification, minimum of 60 semester hours;*  ***Table C****: Program Schedule –Advanced Certificate leading to Professional Certification only, minimum of 12 semester hours* |
| 1. Outline all curricular requirements for each program including relevant prerequisite courses; required courses and elective courses.   For master’s degree programs, specify the comprehensive/culminating element required for program completion (e.g., thesis, exam, project, etc., [See §52.2(c)(8)]) |
| 1. Submit syllabi for all new courses within each program in a single, separate PDF document, as applicable. |
| 1. For each existing program course, list the course title, credits and description from the institution’s course catalog. |
| 1. If the program is to be offered in *multiple* program formats (e.g., Distance Education and Standard, Evening and Day, etc.), describe any differences that exist in delivery of the program (e.g., culminating experience, faculty/student engagement, instructional time, schedule, calendar, etc.) and include a sample program schedule for each format. |

###### Financial Aid Eligibility

Program eligibility for New York State financial aid must be determined at the time of program registration.

* Refer to §52.2(c) and §145-2.1 of Regulations for definitions and information concerning full‑time and part‑time study. <http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations>.
* Full-time study for New York State student financial aid programs is defined in Regulation as enrollment of at least 12 credits per semester for both undergraduate and graduate programs.
* Only programs registered as full-time are eligible for the Tuition Assistance Program (TAP).
* Programs are subject to audit by the NYS Office of the State Comptroller (OSC) and the Higher Education Services Corporation (HESC) for financial aid compliance purposes.

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| 1. Indicate whether the program can be completed on a full-time and/or part-time basis. NOTE: The sample program schedule(s) included with this application should reflect the selection(s).   Full-Time  Part-Time  Full-Time and Part-Time |

###### Faculty

* Refer to the requirements in §52.2(b) of the Regulations concerning Faculty requirements. <http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations>
* Faculty curricula vitae or resumes should not be attached to this application and should only be provided if specifically requested by the Department.
* Institutions must demonstrate that sufficient faculty are in place to initiate the program. Faculty to be hired are not considered as being in place to support the program.

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| 1. Indicate the faculty table(s) provided with this application:   **Table D**. Current Faculty  **Table D.** Current Faculty and **Table E**. Faculty to be Hired |
| 1. If the program is to be registered at multiple campus locations, select one of the following:   Same faculty teaching at more than one campus location – provide an explanation of the anticipated faculty assignment process and if any alternative instruction methods will be used to ensure coverage of all program courses at all campuses.    Different faculty teaching at each campus location – include a separate faculty table for each campus. |

###### Core Content Areas (Complete Tables F)

###### Practicum and Internship Requirements (Complete Tables G and H)

###### Written Internship Agreement with the Partnering School District

* Submit a draft agreement with this application

[See: §52.21(d)(2)(ii)(b)(4)“*prior to the candidate’s internship, the institution shall execute a written agreement with the partnering school or school district by which the school or school district agrees to consult with program faculty and the candidate before determining the candidate’s load and provide daily mentoring and supervision of the candidate during the internship experience by a certified school counselor*.”]

###### Table A: Program Schedule – Master’s Degree for Initial Certification Only must include at least 48 S.H.

* Use the table to show how a typical student may progress through the program; copy/expand the table as needed.
* Label each term in sequence, consistent with the institution’s academic calendar (e.g., Fall 1, Spring 1, Fall 2, etc.).
* Indicate academic calendar type:  Semester  Quarter  Trimester  Other (explain):

Term: Term:

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| Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |  | Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |
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| Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |  | Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |
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| Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |  | Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |
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| Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |  | Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |
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***PROGRAM TOTALS*: Credits: Culminating Experience:**

###### Table B: Program Schedule – Master’s Degree for Initial and Professional Certification must include at least 60 S.H.

* Use the table to show how a typical student may progress through the program; copy/expand the table as needed.
* Label each term in sequence, consistent with the institution’s academic calendar (e.g., Fall 1, Spring 1, Fall 2, etc.).
* Indicate academic calendar type:  Semester  Quarter  Trimester  Other (explain):

Term: Term:

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| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
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| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
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| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
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***PROGRAM TOTALS*: Credits:** **Culminating Experience:**

*Key*: **Cr** = credits **NEW** = indicate if new course **Prerequisites** = list prerequisite(s) for the noted courses

###### Table C: Program Schedule – Advanced Certificate for Professional Certification Only must include at least 12 S.H.

* Use the table to show how a typical student may progress through the program; copy/expand the table as needed.
* Label each term in sequence, consistent with the institution’s academic calendar (e.g., Fall 1, Spring 1, Fall 2, etc.).
* Indicate academic calendar type:  Semester  Quarter  Trimester  Other (explain):

Term: Term:

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| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
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| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
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| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
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| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
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***PROGRAM TOTALS*: Credits:**

*Key*: **Cr** = credits **NEW** = indicate if new course **Prerequisites** = list prerequisite(s) for the noted courses

###### Table D: Current Faculty

* For *undergraduate degree programs*, provide information on faculty members who will be teaching ***each course in the major***.
* For *graduate degree and certificate/advanced certificate programs*, provide information on faculty members who will be teaching ***all courses in the program***.
* For *all programs*, ***identify the program director\*\****.

REMINDER: Consistent with §52.2(b) of the Regulations, the information provided below must demonstrate that the institution is in compliance with all requirements relating to faculty. <http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations>

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| --- | --- | --- | --- | --- | --- |
| **Faculty Member**  *identify name, title, and rank* | **Status**  *identify full-time, part-time, or adjunct* ***at the institution*** | **List All Degrees and Disciplines**  *identify degree award, discipline, and institution* | **Number of Credits Taught**  *per academic term in all programs* ***at the institution*** | **Expected Course Assignments**  *identify course number and title* ***in the program*** | **Additional Qualifications**  *identify academic and professional competence* ***relevant to course assignments*** *and program responsibilities, including delivery of instruction through alternate formats (e.g., online, etc.)* |
| ***\*\* Program Director***: |  |  |  |  |  |
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###### Table E: Faculty to be Hired

* Identify the job title, courses to be taught, and qualifications for each position; and specify the timeline by which the faculty member(s) will be hired.
* Institutions must have *sufficient* faculty in place to initiate the program. Faculty to be hired are not considered as being in place to support the program.

REMINDER: Consistent with §52.2(b) of the Regulations, the information provided below must demonstrate that the institution is in compliance with all requirements relating to faculty. <http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Title and Rank** | **Status**  *identify full-time, part-time, or adjunct* ***at the institution*** | **Expected Hiring Date**  *identify month and year* | **Expected Course Assignments**  *identify course number and title* ***in the program*** | **Minimum Qualifications**  *identify degree award and discipline; and additional academic and professional qualifications as applicable* |
| ***\*\* Program Director***: |  |  |  |  |
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###### Table F: Meeting the Core Content Areas

###### Complete if Registering a Master’s Level Program for Initial or Initial and Professional Certification

* **Department Expectations: MUST INCLUDE ALL EIGHT CORE CONTENT AREAS OF SCHOOL COUNSELING**

The Department does not expect a one-to-one correspondence between each individual course and a core content area. It is more likely that the required core areas and subarea content will be addressed across multiple courses. Syllabi submitted should evidence the core content area and subareas the course is addressing.

**REMINDER: Consistent with §52.21(d) of the Regulations, the information provided below must demonstrate that the institution is in compliance with all requirements relating to faculty.** [**http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations**](http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations)

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| **1. FOUNDATIONS IN PROFESSIONAL SCHOOL COUNSELING.**  SUBAREAS INCLUDE:  UNDERSTANDING THE HISTORY AND PURPOSE/PHILOSOPHY OF, AND THE LAWS, POLICIES, AND REGULATIONS GOVERNING SCHOOL COUNSELING. SCHOOL COUNSELORS ENGAGE IN CONTINUOUS PROFESSIONAL GROWTH AND DEVELOPMENT, ADVOCATE FOR APPROPRIATE SCHOOL COUNSELOR IDENTITY AND ROLES, AND ADHERE TO ETHICAL PRACTICES. |

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| **Course(s) Number and Title.** **Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
| Sample>Couns 101: An Introduction to The Counseling Profession | 3 | School counselors engage in continuous growth and dev. | Sarah sample/PT |
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| **2. CAREER DEVELOPMENT AND COLLEGE READINESS.**  SUBAREAS INCLUDE:  USING A VARIETY OF RESEARCH-BASED SCHOOL COUNSELING APPROACHES TO PROVIDE SERVICES TO MEET THE CAREER NEEDS OF ALL STUDENTS. |

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| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
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| **3. SUPPORTIVE SCHOOL CLIMATE AND COLLABORATIVE WORK WITH SCHOOL, FAMILY AND COMMUNITY.**  SUBAREAS INCLUDE:  COLLABORATING WITH COLLEAGUES, FAMILIES, AND COMMUNITY MEMBERS TO CULTIVATE AN INCLUSIVE, NURTURING, AND PHYSICALLY SAFE LEARNING ENVIRONMENT FOR STUDENTS, STAFF AND FAMILIES. |

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| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
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| **4. EQUITY, ADVOCACY AND DIVERSITY IN PROGRAMMING AND IN SUPPORT OF STUDENTS.**  SUBAREAS INCLUDE:  UNDERSTANDING CULTURAL CONTEXTS IN A MULTICULTURAL SOCIETY, DEMONSTRATING FAIRNESS, EQUITY AND SENSITIVITY TO EVERY STUDENT, ADVOCATING FOR EQUITABLE ACCESS TO INSTRUCTIONAL PROGRAMS AND ACTIVITIES. |

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| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
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| **5. CHILD GROWTH, DEVELOPMENT AND STUDENT LEARNING.**  SUBAREAS INCLUDE:  USING KNOWLEDGE OF CHILD DEVELOPMENT, INDIVIDUAL DIFFERENCES, LEARNING BARRIERS, AND PEDAGOGY TO CONTRIBUTE TO AND SUPPORT STUDENT LEARNING. |

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| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
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| **6. GROUP AND INDIVIDUAL COUNSELING THEORIES AND TECHNIQUES.**  SUBAREAS INCLUDE:  USING A VARIETY OF RESEARCH-BASED COUNSELING APPROACHES TO PROVIDE PREVENTION, INTERVENTION, AND RESPONSIVE SERVICES TO MEET THE ACADEMIC, PERSONAL, SOCIAL AND CAREER NEEDS OF ALL STUDENTS. |

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| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
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| **7. BEST PRACTICES FOR THE PROFESSION AND IN SCHOOL COUNSELING PROGRAMMING.**  SUBAREAS INCLUDE:  ASSESSING, DEVELOPING, IMPLEMENTING, LEADING, AND EVALUATING A DATA-DRIVEN, COMPREHENSIVE SCHOOL COUNSELING PROGRAM THAT UTILIZES BEST PRACTICES AND ADVANCES THE SCHOOL’S MISSION. |

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| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
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| **8. RESEARCH AND PROGRAM DEVELOPMENT.**  SUBAREAS INCLUDE: USING RESEARCH AND EVALUATION TO ADVANCE SCHOOL COUNSELING PROGRAMS, THEIR COMPONENTS AND THE PROFESSION. |

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| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
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**Table G: School Counseling Practicum Experiences**

**REMINDER: Consistent with §52.21(d) of the Regulations, the information provided below must demonstrate that the institution is in compliance with all requirements relating to faculty.** [**http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations**](http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations)

**•** Practicum Experiences: Programs in School Counseling must contain 100 hours of practicum, including a minimum of 40 hours of direct student contact and a minimum of 60 hours developing, implementing and evaluating key school counseling program elements.

**Practicum: Direct Student Contact Hours**

**Complete for courses that meet the college-supervised school counseling practicum requirement of a minimum of 40 Clock Hours of Direct Student Contact in Group Counseling, Individual Counseling and School Counseling Core Curriculum Lesson Delivery.** Add Rows as Needed.

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| **Course Number and Title** | **Instructor** | **Grade Level** | **Clock Hours of Direct Contact** |
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**Practicum: Hours Focused on Developing, Implementing and Evaluating Key School Counseling Program Elements**•

**Complete for courses that meet the college-supervised school counseling practicum requirement of a minimum of 60 Clock Hours on Developing, Implementing and Evaluating Key School Counseling Program Elements such as.**

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| (i) Student Outcomes and Standards,(ii) Curriculum,(iii) Individual Student Needs and Plans,(iv) Responsive Services,(v) Consultation with Others on Behalf of Student, | (vi) Time Management,(vii) School Counseling Program Goals,(viii) Data Analysis,(ix) Action Plans,(x)-Calendars/Schedules, And(xi) Advisory Panels, Councils and Committees |

Add Rows as Needed.

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| **Course Number and Title** | **Instructor** | **Grade Level** | **Clock Hours** |
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**Table H: College Supervised School Counseling Internship**

**REMINDER: Consistent with §52.21(d) of the Regulations, the information provided below must demonstrate that the institution is in compliance with all requirements relating to faculty.** [**http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations**](http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations)

**•** Programs in School Counseling must contain a minimum of 240 clock hours of direct student contact and a minimum of 360 clock hours in developing, implementing, and evaluating key school counseling program elements. A minimum of 300 clock hours of the internship must be in grades K-8 and a minimum of 300 hours of the internship must be in Grades 9-12.

**Internship: Direct Student Contact Hours**

**Complete for courses that meet the minimum of 240 Hours of Direct Student Contact. Ensure that a minimum of 300 hours is in Grades K-8 and a minimum of 300 hours is in Grades 9-12.** Add Rows as Needed.

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| **Course Number and Title** | **Instructor** | **Grade Level** | **Clock Hours of Direct Contact** |
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**Internship: Hours Focused on Developing, Implementing and Evaluating Key School Counseling Program Elements**•

**Complete for courses that meet the minimum of 360 Hours in Developing, Evaluating and Implementing Key Elements of School Counseling such as**

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| (i) Student Outcomes and Standards,(ii) Curriculum,(iii) Individual Student Needs and Plans,(iv) Responsive Services,(v) Consultation with Others on Behalf of Student, | (vi) Time Management,(vii) School Counseling Program Goals,(viii) Data Analysis,(ix) Action Plans,(x)-Calendars/Schedules, And(xi) Advisory Panels, Councils and Committees |

Ensure that a minimum of 300 hours is in Grades K-8 and a minimum of 300 hours is in Grades 9-12. Add Rows as Needed.

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| **Course Number and Title** | **Instructor** | **Grade Level** | **Clock Hours** |
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