

We thank you for your time spent taking this survey. Your response has been recorded.

Below is a summary of your responses Download PDF This survey is to be completed by all CACREP-accredited programs and must be submitted by December 31, 2022. NOTE: All data for this report should be from Academic Year 2021-2022. If you have any questions or need assistance in completing this survey, please contact the CACREP office at 703.535.5990 or cacrep@cacrep.org. Institution Name: Western Kentucky University Institution Type: Public Private Non-Profit Private For-Profit Institution's Headquarters

Kentucky

Yes			
● No			
Do you have a CACREP-a Yes No	ccredited CAREER	COUNSELING p	rogram?
Do you have a CACREP-a program?	ccredited CLINICA	L MENTAL HEAL	TH COUNSELING
• Yes • No			
What is the minimum nur your CLINICAL MENTAL H		80	equired for
60			
How many students are of HEALTH COUNSELING pr			L MENTAL
30			11
How many students grad			
25			
What is the completion re HEALTH COUNSELING pr		m your CLINICA	L MENTAL
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● No										

No No	
Do you have a CACREP-accredited COLLEGE COUNSELING AND STUDENT AFFAIRS or STUDENT AFFAIRS AND COLLEGE COUNSELING program?	
Yes No	
Do you have a CACREP-accredited MARRIAGE, COUPLE, AND FAMILY COUNSELING program?	
Yes No	
What is the minimum number of credit (semester) hours required for your MARRIAGE, COUPLE, AND FAMILY COUNSELING degree?	
60	
How many students are currently enrolled in your MARRIAGE, COUPLE, AND FAMILY COUNSELING program? If none, enter "0".)
6	
How many students graduated from your MARRIAGE, COUPLE, AND FAMILY COUNSELING program in academic year 2021-2022? If none, enter "0".	/
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What is the completion rate of students from your MARRIAGE, COUPLE, AND FAMILY COUNSELING program?	
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Do yo		a CACR	EP-accr	edited R	EHABI	LITATIO	N COUN	ISELING	3	
○ Yes ● N o										
Do yo	ou have	a CACR	EP-accr	edited S	(CHOO	_ COUNS	SELING	progran	n?	

your CACREP-accredited MASTER'S level COUNSELING program(s)?



Master's Student Demographics: Please provide the number of students currently enrolled in your CACREP-accredited master's level program(s) for each category below. All categories with an asterisk require an answer. If you are unable to answer for a particular category or do not have any students that identify with a particular category, please enter "0".

•	Wa:e	Female	Non-Binary/Gender Fluid
American Indian or Native Alaskan	0		0
Astan	1 · · · · · · · · · · · · · · · · · · ·	1	
Black	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	5	2
Hawaiian Native or Pacific Islander	······································	0	0
Hispanic	5 5 ± 1	5 5	
Two or More	4		1
Unknown/Other		0	0
White	40	33	7
International Student	<u> </u>	0	0
Active Duty Military	• • • • • • • • • • • • • • • • • • •	0	[
Veteran	0	0	0
With a Disability		• • • • • • • • • • • • • • • • • • •	0

Do you have a CACREP-accredited COUNSELOR EDUCATION AND SUPERVISION program?



Degree Progra	am Name	•
Student Affairs		
Certificate Prog		
All degree prog	grams are CACREP accredited	

Are you able to provide demographic information about FULL-TIME faculty members in your academic counseling unit?

•	Yes
-	No

FULL-TIME Faculty Demographics: Please provide the number of full-time faculty members in your academic counseling unit for each category below. All categories with an asterisk require an answer. If you are unable to answer for a particular category or do not have any students that identify with a particular category, please enter "0".

	Маје	Female	Non-Binary/Gender Fluid
American Indian or Native Alaskan			0
Asian		§	0
Stack		3	0
Native Hawailan or Pacific Islander	6	0	0
Hispanic		• • • • • • • • • • • • • • • • • • •	0
Two or More	<u>.</u> 	• • • • • • • • • • • • • • • • • • •	0
Unknown/Other	6 		
White		3	0
veteran	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0
With a Disability	0	0	0

Has your counseling program lost faculty (retirement or resignation) in the

No No
Does your program anticipate any new faculty positions being added in the next 12 months?
Yes No
How is your accredited program(s) primarily delivered
at a campus location on a digital platform
Do you support a residency/in-person requirement for all programs regardless of program primary delivery method?
○ Yes ● No
5. Please provide a rationale for your response
Please provide a name and contact email address of the person completing this survey. This address will be used if the CACREP office has any questions about the information provided in this survey.
jillduba.sauerheber@wku.edu
Final comments? Please share them below:
CACREP requires a LOT of reporting; more so than the majority of other accrediting agencies. The amount of time invested in these reports might be used in other creative, innovative capacities.

REMINDER: Programs/Student Outcomes must be made publicly available

following four data points regarding each of your accredited specialty areas:
(a) number of graduates in the past year, (b) completion rate, (c) licensure or certification examination pass rate, and (d) job placement rate of students/graduates. Posting a URL link to your completed Vital Statistics Survey report will satisfy this requirement.

Once this data has been posted, send the URL link to the location on your website via email to cacrep@cacrep.org. If your program submitted a Vital Statistics Survey last year and you have previously posted program outcomes on the program website, you need to update your program outcomes report to reflect the most current data. If the URL link to the outcomes report changes when you update this information, you need to send a copy of the new URL link via email to cacrep@cacrep.org.

You will NOT have an opportunity to receive a copy of your completed survey later. If you want a copy of your completed report, please ensure that you click the arrow at the bottom of the page and download the PDF.



Definitely

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