

CURRICULUM CONTRACT:



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School Counseling, Certification Only
Extension from Elementary or Secondary Guidance to P-12 (KGCST)
Standard Guidance P-12 (KGCST)
WKU# 0159 EPSB# 629 KGCST Certification Only

Candidate Contact Information:

Last Name	First Name	Middle Name/Initial	WKU ID Number
Street	Home Phone Number		Cell Phone Number
City	State	Zip Code	Email Address

Admission Requirements:

To be admitted into a WKU educator preparation program, candidates must meet all minimal criteria described under “Transition Point 1: Admission to Education Preparation Programs.”

REQUIRED COURSES	HOURS
Extension from Elementary or Secondary Guidance to P-12, Certification Only	
Six credit hours of advisor-approved CNS electives	6
Total Hours	6
Standard Certification-Only	
For individuals with current guidance certification at the elementary (grades K-8) or secondary (grades 5-12 level):	
CNS 568 Counseling Children and Adolescents	3
CNS 660 Organization and Administration of Guidance Services	3
Total Hours	6
For individuals with P-12 certification who have completed a 30 or 36-hour program in school counseling	
CNS 556 Development Career Counseling	3
CNS 666 Legal and Ethical Issues in Counseling	3
Total Hours	6
For individuals with P-12 certification who have completed a 48-hour program in school counseling consistent with CACREP school counseling standards	
CNS 666 Legal and Ethical Issues in Counseling	3
Select one of the following advisor-approved electives: CNS 592 Crisis, Trauma and Violence Counseling CNS 637 Theories of Addictions	3

CNS 569 Play Therapy	
Total Hours	6
For individuals with P-12 certification who have completed a 30 or 36-hour program in school counseling approved to start Spring 2018 at WKU or thereafter	
CNS 558 Theories of Counseling	3
CNS 666 Legal and Ethical Issues in Counseling	3
Total Hours	6

Program Completion Requirements:

1. To complete this program, candidates must meet all minimal criteria described under “Transition Point 3: Program Exit.”
2. Note that additional requirements (described below) must be met in order to be recommended for certification.
3. Rules and regulations governing the completion of this program of study have been described above and on the next page. By your signature, you are acknowledging that you understand and accept responsibility for meeting these requirements.

Delineation of EPP-Wide Transition Points – Advanced Preparation Program

Transition Point 1: Admission to Education Preparation Program				
Data Reviewed	Minimal Criteria	Review Cycle	Reviewed By	Approved By
<ul style="list-style-type: none"> • Application for admission • Transcripts • School Counseling Certification 	<ul style="list-style-type: none"> • Program application • KY Code of Ethics • Provisional Kentucky P-12 School Counseling certification • Evidence of 4C’s 	Each Month	Department Faculty	Professional Education Council
Transition Point 2: Admission to Final Experience				
Data Reviewed	Minimal Criteria	Review Cycle	Reviewed By	
<ul style="list-style-type: none"> • Dispositions • Key Assessments 	<ul style="list-style-type: none"> • 3 (At Standard) or higher on all Key Assessments 	Each Semester	Department Faculty	Department Faculty
Transition Point 3: Program Exit				
Data Reviewed	Minimal Criteria	Review Cycle	Reviewed By	
<ul style="list-style-type: none"> • GPA • Key Assessments 	<ul style="list-style-type: none"> • 3.0 or higher overall GPA • 3 (At Standard) or higher on all dispositions ratings • 3 (At Standard) or higher on all Key Assessments 	Each Semester	Department Faculty	Graduate Studies/ Certification Officer

To be recommended for certification, an applicant must document:

Completion of an approved educator preparation program in each desired certification area.

By signing below, the candidate ensures that he or she has been advised of, understands, and agrees to adhere to all program requirements, including assessment requirements, of the program.

Candidate Name (printed):

Candidate Signature/Date:

Signature _____ Date _____

Education Advisor's Signature/Date:

Signature _____ Date _____

Specialization Advisor's Signature/Date (if needed):

Signature _____ Date _____

****END OF CURRICULUM CONTRACT****