

EDUCATIONAL COURSE REQUIREMENTS

To be completed by applicants who have not graduated from a CACREP accredited mental health counseling program.
Graduates from CACREP accredited programs or those who hold a Utah ACMHC license are not required to complete this section.

Use each course only once. (Use additional sheets if necessary.)

Social and Cultural Diversity

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Group Counseling and Group Work

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Human Growth and Development

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Career Development:

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Counseling and Helping Relationships

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Substance-Related and Addictive Disorder

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Assessment and Testing

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Mental Status Examination and the appraisal of DSM Maladaptive and Psychopathological Behavior

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Research and Evaluation

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Continued on next page.

EDUCATIONAL COURSE REQUIREMENTS (continued)

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Internship and/or Practicum:

Note: Must include 700 documented hours of supervised clinical training from at least one practicum or internship, of which 240 hours consist of providing therapy directly to clients

Course Title: _____ Course # _____ University: _____

Course Title: _____ Course # _____ University: _____

Complete the following regarding your Internship/Practicum, use additional sheets if necessary:

Placement Site: _____ Total number of hours: _____

Description of services provided: _____

Placement Site: _____ Total number of hours: _____

Description of services provided: _____

Placement Site: _____ Total number of hours: _____

Description of services provided: _____

NOTE: You can expedite the review process by providing a copy of the graduate catalog course description and/or syllabus of any identified course.