Name: ________________________________________________________________
E-mail: ________________________________________________________________
Phone Number: __________________________________________________________
Current GPA: __________________________________________________________

Please specify the Masters in counseling program (note if CACREP accredited) in which you are currently enrolled, or from which you graduated: (Reminder-the CMH certificate is NOT a CACREP certificate/program).

__________________________________________________________________

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Taken/To Be Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Mental Health Counseling (21 Hours)</strong></td>
<td>(Fall/Spring/Summer)</td>
</tr>
<tr>
<td>COUN 7710 Addiction Counseling</td>
<td>3hrs</td>
</tr>
<tr>
<td>COUN 7885 Legal and Ethical Issues</td>
<td>3hrs</td>
</tr>
<tr>
<td>COUN 7630 Clin. Mental Health Counseling and Care Systems</td>
<td>3hrs</td>
</tr>
<tr>
<td>CPSY 7700 Mental Health Interventions</td>
<td>3hrs</td>
</tr>
<tr>
<td>COUN 7632 Internship in Mental Health Counseling *</td>
<td>9hrs</td>
</tr>
</tbody>
</table>

*Note-The internship can be taken part-time over two semesters for 5 credit hours each

If you are a current University of Memphis School Counseling student – Please have a professor complete the below approval. I have reviewed this application and approve _________________________’s (name of student) application for acceptance to the Certificate in Clinical Mental Health.

Major Professor ________________________________________________________________
Date __________________________

In order to be processed for acceptance, this form must be submitted, and you must complete/submit the following:

1. Transcript of your current academic standing to demonstrate that you have a minimum GPA of 3.0
2. Apply to the graduate school as a certificate seeking student.
3. Information documenting that you are from a CACREP or CORE counseling program.

For students not enrolled in The University of Memphis’s Counseling program, please also provide:

4. A one page essay that discusses your professional interests, prior preparation and experience related to the objectives of the clinical mental health counseling certificate and your long-range professional plans (Not applicable for the University of Memphis Counseling students).
5. Submit two letters of recommendation from current or previous employers, and/or previous university instructors (Not applicable for the University of Memphis Counseling students).
6. A sealed copy of official student transcripts showing that the student graduated with an MS in counseling from a CACREP approved program with a GPA above 3.0.

Please read /acknowledge and sign below:

I signify that I am aware that the Certificate in Clinical Mental Health is not a CACREP accredited program and does not guarantee licensure as a counselor. It is not a certification in Counseling and it is a post-masters certificate only.

Please print your name, sign and date:

________________________________________________________________________
____________________

Submit a hard copy of this application to Melynda Whitwell, 100 Ball Hall, mdlong@memphis.edu, College of Education, University of Memphis