Post-Masters Certificate in Clinical Mental Health Counseling
The University of Memphis
Application for Admission Form

Name: ____________________________________________________________

Email: ____________________________________________________________

Phone Number: ____________________________________________________

Current GPA: ______________________________________________________

Please specify the CACREP accredited Masters in counseling program in which you are currently enrolled, or from which you graduated: (reminder- the certificate is not a CACREP program).

____________________________________________________________________

Clinical Mental Health Certificate Classes (21 Hours)

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Taken/To Be Taken (Fall/Spring/Summer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Mental Health Counseling (21 hours)</td>
<td>Semester Planned</td>
</tr>
<tr>
<td>COUN 7710 Alcohol/ Drug</td>
<td>3hrs</td>
</tr>
<tr>
<td>COUN 7885 Legal And Ethical Issues</td>
<td>3hrs</td>
</tr>
<tr>
<td>COUN 7630 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

I have reviewed this application and approve ____________________________’s (name of student) application for acceptance to the Certificate in Career and College Counseling.

Major Professor __________________________________________________________

Date ____________________________________________________________________

In order to be processes for acceptance, this form must be submitted with 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 they 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 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