

# 2014 CACREP Vital Statistics Survey: Version A (For Programs Accredited Under the 2009 CACREP Standards)

Created Monday, September 01, 2014

---

## Institutional Information

This survey is to be completed only by **programs accredited under the 2009 CACREP Standards** and needs to be submitted by September 15, 2014.

If you have any questions or need assistance in completing this survey, please contact Tyler Kimbel at 703.535.5990 or [tkimbel@cacrep.org](mailto:tkimbel@cacrep.org).

---

### 1.) Name of Your Institution:

Please provide the name of the institution where your program is located.

*Alabama State University*

### 2.) Institution Type:

Please select the category that describes your institutional control or affiliation.

*Public*

### 3.) Association for Counselor Education and Supervision Region (ACES) Region:

Please identify the ACES region in which your counseling program is located. If you are unsure, visit the ACES website to determine your region.

*Southern (SACES)*

## ADDICTION COUNSELING

4.) Do you have a CACREP-accredited ADDICTION COUNSELING program?

No

## CAREER COUNSELING

5.) Do you have a CACREP-accredited CAREER COUNSELING program?

*No*

CMHC

6.) Do you have a CACREP-accredited CLINICAL MENTAL HEALTH COUNSELING program?

Yes

## CMHC Cont'd

6.A.) What is the minimum number of credit (semester) hours required for your CLINICAL MENTAL HEALTH COUNSELING degree?

**For programs operating on a quarter hour system:** Please convert the minimum number of required quarter hours to semester hours by multiplying the number of quarter hours by 2/3 to provide your answer. (*Example:* If the minimum number of quarter hours required for a degree is 72, then  $72 \times (2/3) = 48$  semester hours.)

60

6.B.) How many students are currently enrolled in your CLINICAL MENTAL HEALTH COUNSELING program?

Please provide a headcount of students currently enrolled in your Clinical Mental Health Counseling program.  
(*"currently enrolled" = students enrolled in your program at the time this survey is being completed*)

71

## CLINICAL MENTAL HEALTH COUNSELING PROGRAM/STUDENT OUTCOMES

6.C.) How many students graduated from your CLINICAL MENTAL HEALTH COUNSELING program in the past year?

Please provide the combined total number of graduates from Summer 2013, Fall 2013, and Spring 2014.

8

6.D.) To the best of your knowledge, what is the completion rate of students from your CLINICAL MENTAL HEALTH COUNSELING program?

To the best of your ability, please use the following information as a guide to report your program's completion rate:

A program's **completion rate** is defined as the percentage of admitted students who graduate from the program within the expected time period. If you admit both full-time and part-time students into the program, you may have two completion rates based on differences between full-time and part-time students' expected time from admission to graduation. If this is the case, your program's **completion rate** is the average of the full-time student completion rate and the part-time student completion rate.

90

6.E.) To the best of your knowledge, what is the licensure [or certification] examination pass rate of students graduating from your **CLINICAL MENTAL HEALTH COUNSELING** program?

Please use the drop down menu below to choose the licensure [or certification] examination pass rate, to the best of your knowledge, of students from your program.

*(NOTE: CACREP does not dictate the applicable licensure [or certification] examination for any program area in any state. Please provide the licensure [or certification] examination pass rate for the examination that is currently available for students in this program.)*

N/A

6.F.) To the best of your knowledge, what is the job placement rate of graduates from your **CLINICAL MENTAL HEALTH COUNSELING** program who were actively seeking employment?

To the best of your ability, please use the following calculation as a guide to report your program's job placement rate:

**Numerator:** the number of students who, within 180 days of the day they received their master's counseling degree [in a given award year], obtained employment in the recognized occupation for which they were trained or in a related comparable recognized occupation.

**Denominator:** the number of students who, during the award year, received the master's counseling degree awarded for successfully completing the program and were actively seeking employment.

85

MCFC

7.) Do you have a CACREP-accredited MARRIAGE, COUPLE, AND FAMILY COUNSELING program?

No

## SCHOOL COUNSELING

8.) Do you have a CACREP-accredited SCHOOL COUNSELING program?

Yes

## SCHOOL COUNSELING Cont'd

8.A.) What is the minimum number of credit (semester) hours required for your SCHOOL COUNSELING degree?

**For programs operating on a quarter hour system:** Please convert the minimum number of required quarter hours to semester hours by multiplying the number of quarter hours by 2/3 to provide your answer. (*Example:* If the minimum number of quarter hours required for a degree is 72, then  $72 \times (2/3) = 48$  semester hours.)

48

8.B.) How many students are currently enrolled in your SCHOOL COUNSELING program?

Please provide a headcount of students currently enrolled in your School Counseling program. (*"currently enrolled" = students enrolled in your program at the time this survey is being completed*)

15

## SCHOOL COUNSELING PROGRAM/STUDENT OUTCOMES

8.C.) How many students graduated from your SCHOOL COUNSELING program in the past year?

Please provide the combined total number of graduates from Summer 2013, Fall 2013, and Spring 2014.

3

8.D.) To the best of your knowledge, what is the completion rate of students from your SCHOOL COUNSELING program?

To the best of your ability, please use the following information as a guide to report your program's completion rate:

A program's **completion rate** is defined as the percentage of admitted students who graduate from the program within the expected time period. If you admit both full-time and part-time students into the program, you may have two completion rates based on differences between full-time and part-time students' expected time from admission to graduation. If this is the case, your program's **completion rate** is the average of the full-time student completion rate and the part-time student completion rate.

90

8.E.) To the best of your knowledge, what is the licensure [or certification] examination pass rate of students graduating from your SCHOOL COUNSELING program?

Please use the drop down menu below to choose the licensure [or certification] examination pass rate, to the best of your knowledge, of students from your program.

*(NOTE: CACREP does not dictate the applicable licensure [or certification] examination for any program area in any state. Please provide the licensure [or certification] examination pass rate for the examination that is currently available for students in this program.)*

100%

8.F.) To the best of your knowledge, what is the job placement rate of graduates from your SCHOOL COUNSELING program who were actively seeking employment?

To the best of your ability, please use the following calculation as a guide to report your program's job placement rate:

**Numerator:** the number of students who, within 180 days of the day they received their master's counseling degree [in a given award year], obtained employment in the recognized occupation for which they were trained or in a related comparable recognized occupation.

**Denominator:** the number of students who, during the award year, received the master's counseling degree awarded for successfully completing the program and were actively seeking employment.

60

SA/CC

9.) Do you have a CACREP-accredited STUDENT AFFAIRS AND COLLEGE COUNSELING program?

No

## Applications and Non CACREP Programs

10.) How many applications for your MASTER'S level CACREP-accredited program(s) did you receive in the past year?

Please identify the number of master's program applications you received from June 1, 2013 to May 31, 2014.

24

11.) Non-CACREP-Accredited Programs:

Please check all programs offered by your academic counseling unit that are NOT ACCREDITED by CACREP.

- 
- None
-

## Masters Students w Disabilities

12.) Are you able to provide information about the number of students with disabilities enrolled in your CACREP-accredited MASTER'S level counseling program(s)?

You will be asked to provide the number of students with disabilities by gender. Only select "Yes" if you have information about students with disabilities by gender.

No

## Masters Student Demographics

13.) Are you able to provide racial/ethnic background information about students enrolled in your CACREP-accredited MASTER'S level counseling program(s)?

You will be asked to provide the number of students in each racial/ethnic category by gender. Only select "Yes" if you have information about each racial/ethnic category by gender.

Yes

## Masters Student Demographics Cont'd

### 13.A.) MASTER'S Student Demographics:

Please provide the headcount of students currently enrolled in your CACREP-accredited master's level program(s) for each category below. (NOTE: *nonresident alien* is defined as "A person who is not a citizen or national of the United States and who is in this country on a visa or temporary basis and does not have the right to remain indefinitely.")

**\*All categories require an answer. If you do not have any students that identify with a particular category, please enter "0".**

13.A.) MASTER'S Student Demographics:   MALE: African American/Black	18
13.A.) MASTER'S Student Demographics:   FEMALE: African American/Black	67
13.A.) MASTER'S Student Demographics:   MALE: American Indian/Native Alaskan	0
13.A.) MASTER'S Student Demographics:   FEMALE: American Indian/Native Alaskan	0
13.A.) MASTER'S Student Demographics:   MALE: Asian American	0
13.A.) MASTER'S Student Demographics:   FEMALE: Asian American	0
13.A.) MASTER'S Student Demographics:   MALE: Caucasian/White	0
13.A.) MASTER'S Student Demographics:   FEMALE: Caucasian/White	0
13.A.) MASTER'S Student Demographics:   MALE: Hispanic/Latino/Spanish American	0
13.A.) MASTER'S Student Demographics:   FEMALE: Hispanic/Latino/Spanish American	1
13.A.) MASTER'S Student Demographics:   MALE: Native Hawaiian/Pacific Islander	0
13.A.) MASTER'S Student Demographics:   FEMALE: Native Hawaiian/Pacific Islander	0
13.A.) MASTER'S Student Demographics:   MALE: Multiracial	0
13.A.) MASTER'S Student Demographics:   FEMALE: Multiracial	0
13.A.) MASTER'S Student Demographics:   MALE: Other/Undisclosed	0
13.A.) MASTER'S Student Demographics:   FEMALE: Other/Undisclosed	0
13.A.) MASTER'S Student Demographics:   MALE: Nonresident Alien	0
13.A.) MASTER'S Student Demographics:   FEMALE: Nonresident Alien	0

### 13.B.) Alternative Identity: *(optional)*

If there are students enrolled in your CACREP-accredited master's level program(s) who identify with another gender category (e.g., transgender) or race/ethnicity that does not fit with the categories previously provided, use the text box below to report demographic information for these students. Please identify one or more alternative/preferred gender categories as well as the headcount of students included in each category you list and their corresponding race/ethnicity.

Note, there is a 500 word limit for responses.

*(No response)*

## DOCTORAL CES Programs

14.) Do you have a CACREP-accredited doctoral degree program in COUNSELOR EDUCATION AND SUPERVISION?

*No*

## Faculty

15.) How many FULL-TIME faculty members do you have in your academic counseling unit? If you have a CES doctoral program, your academic counseling unit is comprised of both your CES doctoral program and your master's level counseling program(s).

Please provide only the number of faculty members with **full-time appointments** in your academic counseling unit. This should be a whole number (i.e., no decimals or fractions).

4

16.) Are you able to provide racial/ethnic background information about FULL-TIME faculty members in your academic counseling unit?

Similar to the student demographic question, you will be asked to provide the number of full-time faculty in each racial/ethnic category by gender. Only select "Yes" if you have information about each racial/ethnic category by gender.

Yes

## Faculty Demographics

### 16.A.) FULL-TIME Faculty Demographics:

Please provide the headcount of full-time faculty members in your academic counseling unit for each category below. (NOTE: *nonresident alien* is defined as "A person who is not a citizen or national of the United States and who is in this country on a visa or temporary basis and does not have the right to remain indefinitely.")

**\*All categories require an answer. If you do not have any full-time faculty that identify with a particular category, please enter "0".**

16.A.) FULL-TIME Faculty Demographics:   MALE: African American/Black	1
16.A.) FULL-TIME Faculty Demographics:   FEMALE: African American/Black	2
16.A.) FULL-TIME Faculty Demographics:   MALE: American Indian/Native Alaskan	0
16.A.) FULL-TIME Faculty Demographics:   FEMALE: American Indian/Native Alaskan	0
16.A.) FULL-TIME Faculty Demographics:   MALE: Asian American	0
16.A.) FULL-TIME Faculty Demographics:   FEMALE: Asian American	0
16.A.) FULL-TIME Faculty Demographics:   MALE: Caucasian/White	0
16.A.) FULL-TIME Faculty Demographics:   FEMALE: Caucasian/White	1
16.A.) FULL-TIME Faculty Demographics:   MALE: Hispanic/Latino/Spanish American	0
16.A.) FULL-TIME Faculty Demographics:   FEMALE: Hispanic/Latino/Spanish American	0
16.A.) FULL-TIME Faculty Demographics:   MALE: Native Hawaiian/Pacific Islander	0
16.A.) FULL-TIME Faculty Demographics:   FEMALE: Native Hawaiian/Pacific Islander	0
16.A.) FULL-TIME Faculty Demographics:   MALE: Multiracial	0
16.A.) FULL-TIME Faculty Demographics:   FEMALE: Multiracial	0
16.A.) FULL-TIME Faculty Demographics:   MALE: Other/Undisclosed	0
16.A.) FULL-TIME Faculty Demographics:   FEMALE: Other/Undisclosed	0
16.A.) FULL-TIME Faculty Demographics:   MALE: Nonresident Alien	0
16.A.) FULL-TIME Faculty Demographics:   FEMALE: Nonresident Alien	0

### 16.B.) Alternative Identity: *(optional)*

If there are full-time faculty members in your academic counseling unit who identify with another gender category (e.g., transgender) or race/ethnicity that does not fit with the categories previously provided, use the text box below to report demographic information for these faculty members. Please identify one or more alternative/preferred gender categories as well as the headcount of full-time faculty members included in each category you list and their corresponding race/ethnicity.

Note, there is a 500 word limit for responses.

*(No response)*

## Program Questions

17.) This year CACREP sponsored the very first "CACREP Advocacy Week" which took place February 24-28, 2014. Please indicate the Advocacy Week activities in which students and/or faculty members from your program(s) participated.

Use these Advocacy Week activity examples as a reference for your response:

**\*Professional Advocacy** (ex: wrote to ACA Governing Council regarding educational standards)

**\*Social Network Advocacy** (ex: posted about life in a CACREP program or other current issues in counseling through social networks)

**\*Program Advocacy** (ex: identified a need within your own program and developed a plan to address it/advocate for change)

**\*Political Advocacy** (ex: wrote to state counseling licensure board, dept. of ed., or representatives advocating for standardized education requirements to assist in licensure portability)

**\*Student Advocacy** (ex: sent CACREP your ideas for the Counseling Student Bill of Rights OR had students enter the CACREP Video Contest)

- 
- Our program(s) did not participate in Advocacy Week.
- 

18.) If CACREP were to begin offering webinars to faculty and/or students in accredited programs, in what topics would your program be most interested?

Please note, there is a 500 word limit for responses.

*Grant Writing*  
*Research*  
*Statistics*  
*Assessments*

19.) Do you currently advertise the trademarked CACREP logo on your accredited program's website?

If not, CACREP welcomes all accredited programs to use the CACREP logo which can be obtained by submitting a written request for the logo to [cacrep@cacrep.org](mailto:cacrep@cacrep.org).

*Yes*

## Contact Info/Comments

20.) Please provide a contact email address:

This address will be used if the CACREP office has any questions about the information provided in this survey.

*lawandaedwards@hotmail.com*

21.) Final comments? Please share them below:

Please note, there is a 500 word limit for comments.

*(No response)*