

**NORTHWESTERN OKLAHOMA STATE UNIVERSITY
CERTIFICATION ONLY PROGRAM**

SCHOOL COUNSELING

Name: _____ SSN: _____

Address: _____

Phone (Home): _____ (Work) _____ Email: _____

Attach the following:

1. _____ Evidence of master's degree: (Transcript from issuing educational institution)
2. _____ Evidence of certification: (Copy of current teaching license)
3. _____ Evidence of passing certification tests: (Official Certification Test Results)

Other Evidence

SCHOOL COUNSELING COURSEWORK PLAN	Sem/Year	COMMENTS:
EDUC 5010 Graduate Seminar		
EDUC 5812 Intro Guidance & Counseling		
PSYC 5832 Career Education		
PSYC 5872 Individual Counseling		
PSYC 5812 Group Counseling		
PSYC 5133 Assessment I		
EDUC 5852 Dev/Guid for School Counselors		
PSYC 5253 Intervention Strategies for Counselors		
PSYC 5803 Counseling Strategies & Techniques		
PSYC 5143 Child/Adolescent Growth/Development		
EDUC 5500 Practicum - Counseling		
<i>Milestone 3 of the LiveText Portfolio</i>		

STATEMENT OF INTENT

I understand that completion of this additional coursework and requirements is for certification recommendation only, and not a second master's degree. _____(Initial)

- I agree to abide by the regulations governing the graduate program as stated in the Graduate Catalog.

CERTIFICATION ONLY PLAN APPROVED

SIGNATURES

Student		Date: _____
Advisor		Date: _____
Director of Teacher Education		Date: _____
Graduate Studies, Associate Dean		Date: _____