



Approved Program Verification Form School Counselor Only

Applicant: Complete the top portion of this form in its entirety; forward it to your college/university for completion of the remainder; upload completed form to your application. *required field

To be completed by the Applicant

Applicant Name (Last, first, Middle)*		Applicant Date of Birth (mm/dd/yyyy)*
List Prior Name(s)	(Check if none)	Applicant Daytime Phone*
Applicant Street Address, City, State, Zip*		
SSN (last 4)*	Applicant Email Address*	

To be completed by the institution of higher education's registrar or certification officer.

1	The individual successfully completed an approved school counselor preparation program on:	Date
2	The individual was prepared specifically in the field of:	
3	The individual completed required practicum & internship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours of Practicum/Clinical:
	Hours of Internship:	Setting of Practicum/Internship/Clinical:
4	<p>a Did the individual complete a CACREP-accredited school counselor program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b Did the individual complete <i>comprehensive</i> coursework in the three domains of school counseling: mental health/social-emotional development, career development and academic development? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
5	<p>Do you know of any reason the individual should not serve in Colorado schools? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p><small>*If "yes," send a brief statement of explanation to CDElicensingbackgroundunit@cde.state.co.us.</small></p>	
6	<p>Was the individual eligible to hold a standard license in your state at the time of program completion? <input type="checkbox"/> Yes <input type="checkbox"/> No**</p> <p><small>**If "no," identify any remaining requirements</small></p>	
7	<p>Do you verify that the individual named above (1) has successfully completed a state-approved school counselor program; (2) that the individual is in good standing; (3) and that the individual has the knowledge and competencies essential for educational service? <input type="checkbox"/> Yes <input type="checkbox"/> No**</p> <p><small>**If "no," identify any remaining requirements</small></p>	

College/University Name		Date
Street Address	City	State Zip
Name (printed or typed)	Title	Phone Number
Signature	Contact email address	