

INSTRUCTIONS for UHCL Counseling Program Application

1. **Complete UHCL Application*** (ALL APPLICANTS)
 - a. Apply for UHCL admission at www.uhcl.edu/admissions
 - b. Submit \$45 fee to the Office of Admission (Rm. 1109, Student Services Building). This can be done online.
 - c. Submit transcripts from ALL institutions attended to the UHCL Admissions office.

***University admission eligibility** is the pre-requisite to a Counseling program admission
2. **Complete requirements below and submit to mscounprog@uhcl.edu** (ALL APPLICANTS)
 - a. **Complete Counseling Program Application** (included)
 - b. **Three Professional Recommendation Forms**
 - c. **Self-Rating Sheet**
 - d. **Resume:** A brief resume with relevant work experiences, honors, presentations, papers or other life experiences that you would like to have considered for admission to the Counseling Program.
 - e. **Formal Essay:** The essay should be maximum 500 words. Content should explain your reasons for pursuing counselor training as well as your career goals.
3. **Other Admission Requirements** (ALL APPLICANTS)
 - a. **Submit GRE scores or MAT score** (less than 5 years old) to the Admissions office unless the last 60 hours of coursework is a 3.000 GPA or higher.
4. **SCHOOL COUNSELOR Applicants ONLY submit the following.**
 - a) Valid Standard Texas Teaching Certificate
 - b) Texas Teacher Service Record (from district HR department)
 - c) TEA Ethics Training completion certificate at <https://apps.uhcl.edu/TEAEthicsTraining/>
 - d) Receipt for TEA admission fee at <https://apps.uhcl.edu/ECommerce/Schedule/CEP/740a8604eeae2b20e05333dc1dacad32>
 - e) Supplemental Admission Requirements form (background check notification)
 - f) Documentation of training in Mental Health/Substance Abuse/Youth Suicide Prevention
 - g) FERPA form at <https://www.uhcl.edu/admissions/documents/ferpa-release-reference-request-counseling.pdf>

DEADLINES:

Fall Semester Consideration: March 1 by midnight

Spring Semester Consideration: September 1 by midnight

- *INCOMPLETE APPLICATIONS BY DEADLINE WILL NOT BE CONSIDERED FOR ADMISSION.*
- Use Checklist at the end of this packet to assess submission readiness.

APPLICATION FOR COUNSELING PROGRAM ADMISSION

Semester/Year Applying For (Check One): Fall ___ Spring___ Year 20___

Have you ever previously applied to UHCL Counseling program? ___ If yes, when _____

Name _____ SSN _____

Address _____ UHCL ID# (if known) _____

City/State/Zip _____

Telephone (Home) _____ (Work) _____

Email address _____

TEA # (if seeking School Counselor certificate) _____ Are you Bilingual? Yes ___ No ___

Career Goals

_____ **M.S. in Clinical Mental Health Counseling**
(Eligible License: LPC)

_____ **M.S. in Counseling with School Counselor Certification***

** School Counselor certification seekers please submit a copy of each the following documents with your application to satisfy TEA requirements:*

- Valid Standard Texas Teaching Certificate
- Texas Teacher Service Record (from district HR department)
- TEA Ethics Training completion certificate at <https://apps.uhcl.edu/TEAEthicsTraining/>
- Receipt for TEA admission fee at <https://apps.uhcl.edu/ECommerce/Schedule/CEP/740a8604eeae2b20e05333dc1dacad32>
- Supplemental Admission Requirements form (background check notification)
- Documentation of training in Mental Health/Substance Abuse/Youth Suicide Prevention
- FERPA form at

<https://www.uhcl.edu/admissions/documents/ferpa-release-reference-request-counseling.pdf>

II. Academic Preparation (If you do not hold a Bachelor's degree by the application deadline, please submit a letter from your academic advisor stating your expected graduation date.)

Institution	Degree Earned	Year	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate School Readiness (If last 60 hour GPA is 3.000 or higher, no test is required)

GRE Scores: Verbal ____ Quantitative ____ Written ____ Total Score ____ Date Taken ____

MAT Score: _____ Date Taken _____

III. Professional Experience (List most current employment first.)

Employer	Job Title	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly describe any relevant volunteer work experience.

List the three individuals from whom you are requesting **professional** (not personal) recommendations.

<u>Name</u>	<u>email address</u>
_____	_____
_____	_____
_____	_____

I certify that the information provided on this application is accurate.

Signature _____

Date _____

APPLICANT SELF-RATING SHEET

MS in CMHC/Counseling Program

Name of Applicant: _____ Date: _____

Please rate yourself regarding the factors listed below by marking the number which most accurately reflects your assessment of your current behavior.

	Excellent	Strong	Average	Weak	Poor
<i>Demonstrates Professional Responsibility by</i>	5	4	3	2	1
1. Being present, punctual & prepared for all required activities					
2. Maintaining confidentiality/privacy of student /client records					
3. Being involved in professional development activities					
4. Committing to being a lifelong learner and reflective practitioner					
5. Maintaining professional competence					
6. Meeting obligations to employer, students/clients and parents					
7. Using self-reflection to improve performance					
<i>Foster Collegiality by</i>	5	4	3	2	1
a. Responding appropriately to criticism & correction					
b. Using positive conflict resolution techniques					
c. Maintaining positive working relationships with fellow candidates					
d. Collaborating with colleagues to improve student/client achievement					
e. Showing respect for fellow students, faculty and staff					
f. Actively participating in meetings and conferences					
g. Assisting others when necessary					
<i>Embrace Diversity by</i>	5	4	3	2	1
a. Adapting instruction/counseling to individual differences					
b. Demonstrating that diversity is a strength					
c. Using lessons/counseling plans that negate stereotypes and bigotry					
d. Providing students/clients with access to varying points of view					
e. Using appropriate language (not demeaning or harmful to any group)					
<i>Demonstrate commitment to Learning by</i>	5	4	3	2	1
a. Creating an empowering learning environment that nurtures potential					
b. Being an advocate for all learners/clients					
c. Adapting instruction/counseling to “best practices”					
d. Displaying creativity to enhance the instructional/counseling process					
<i>Maintain professional and personal Integrity by</i>	5	4	3	2	1
a. Maintaining ethical and legal behaviors in interactions with others					
b. Maintaining a professional relationship with employer					

Signature of Applicant: _____ Date: _____

Clinical Mental Health Counseling Program

Before you invest in this degree program which should culminate in State Licensure, please be aware that the State will inquire about criminal history during license application. If you have a criminal conviction in your past, it would be in your best interest to contact the State Board for LPC licensure to evaluate your particular case to determine your eligibility to obtain a LPC once you have completed your Master's Degree.

I have been informed of the possibility of license ineligibility due to a criminal conviction and **it is my responsibility** to determine my eligibility with the State of Texas licensing board.

Program Applicant Name: _____

Today's Date: _____



University
of Houston
Clear Lake

2700 Bay Area Blvd.
Houston, TX 77058
www.UHCL.edu

Supplemental Admission Requirements School Counselor Certification Program

Before being admitted to the School Counselor program, the Texas Education Agency (TEA) requires the applicant to complete, sign and return this form as directed below.

Name: _____	Student ID: _____
Certification: School Counselor	

Criminal Background Check

The State of Texas, Texas Education Agency (TEA) and the State Board for Educator Certification (SBEC) require that an educator preparation program inform all program applicants and candidates about the State's rules on criminal background checks from the Texas Occupations Code Chapter 53, the Texas Education Code Chapter 22.0831 and the Texas Administrative Code, Part VII, Chapter 227, Subchapter B.

Initial next to each of the below items to confirm you have read and understand the State's rules on criminal background checks:

____ I understand that an individual who has been convicted of an offense may be *ineligible* for the issuance of an educator certificate upon completion of an educational program.

____ I understand that TEA will conduct a national criminal history check on me when I apply for my educator certificate and when I am a certified educator.

____ I have read and understand TEA's National Criminal History Checks-FAQs at:

http://tea.texas.gov/Texas_Educators/Investigations/National_Criminal_History_Checks-FAQs/.

____ I understand that I may request a Preliminary Criminal History Evaluation from TEA if I have reason to believe that I may be ineligible for educator certification due to a conviction or deferred adjudication for a felony or misdemeanor offense, per Texas Occupation Code Section 53.102. I have read and understand TEA's Preliminary Criminal History Evaluation-FAQs at:

http://tea.texas.gov/Texas_Educators/Investigations/Preliminary_Criminal_History_Evaluation-FAQs/

____ I have read and understand the current guidelines issued by SBEC on the following:

a. Disciplinary Policy Guidelines

http://tea.texas.gov/Texas_Educators/Investigations/Disciplinary_Policy_and_Mission_Statement_-_State_Board_for_Educator_Certification/

b. Educator Discipline – FAQs

http://tea.texas.gov/Texas_Educators/Investigations/Educator_Discipline_-_FAQs/

Roles and Responsibilities of an Educator

Initial next to the item below to confirm you have read and understand the roles and responsibilities of Texas educators:

____ I understand the roles and responsibilities of a teacher from reading, "7 Things to Know Before Becoming a Teacher" at: <http://www.uhcl.edu/education/forms-information/form-files/7-things-to-know-before-becoming-teacher.pdf>

Applicant Signature

Date

Return completed form to the Counseling program by email (mscounprog@uhcl.edu) or fax (281-226-7526).



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APPLICANT RATING/REFERENCE SHEET for MS in Counseling Program Application

This information will not be shared with the counseling candidate.

Name of **Applicant**: _____ Date: _____

Applicant Phone Number _____ Applicant Email: _____

Name of **Reference**: _____ Position: _____

Relationship to applicant: _____

For how many years? _____

Reference, please rate the applicant regarding the factors listed below by checking the number which most accurately reflects your observations:

	Excellent	Strong	Average	Weak	Poor
<i>Demonstrates Professional Responsibility by</i>	5	4	3	2	1
<ul style="list-style-type: none"> Being present, punctual and prepared for professional and academic activities Maintaining confidentiality of student /client records and private communications Being involved in professional development activities Committing to being a lifelong learner and reflective practitioner Maintaining professional competence Meeting obligations to employer, students/clients and parents Using self-reflection to improve performance 					
<i>Foster Collegiality by</i>	5	4	3	2	1
<ul style="list-style-type: none"> Responding constructively to evaluations by supervisors and others and making appropriate corrections to address legitimate concerns Using positive conflict resolution techniques Maintaining positive working relationships with fellow candidates Collaborating with colleagues to improve student/client achievement Showing respect for fellow students, faculty and staff Actively participating in meetings and conferences Assisting others when necessary 					
<i>Embrace Diversity by</i>	5	4	3	2	1
<ul style="list-style-type: none"> Adapting instruction/counseling to individual differences Demonstrating that diversity is a strength Instructing with lessons/counseling plans which counteract negative stereotypes and bigotry Providing students/clients with access to varying points of view Using language that meets professional standards and is not demeaning or harmful to any individual or group 					
<i>Demonstrate commitment to learning by</i>	5	4	3	2	1
<ul style="list-style-type: none"> Creating a learning environment which enables students/clients to fulfill their potential Being an advocate for all learners/clients Adapting instruction/counseling to “best practices” Displaying creativity to enhance the instructional/counseling process 					
<i>Maintain professional and personal integrity by</i>	5	4	3	2	1
<ul style="list-style-type: none"> Maintaining ethical and legal behaviors in interactions with others Maintaining a professional relationship with employer 					

Do you know of any reason why this individual should not be admitted to a counseling program and trained for licensure to work with individuals on mental health issues? **Yes** _____ (**please explain below**) **No** _____

Signature of **Reference**: _____ Email: _____

**** Return this form to mscounprog@uhcl.edu ****

Additional Comments: _____

CHECKLIST for Counseling Program Application

Before you submit your application, have you:

submitted the University application at www.uhcl.edu/admissions?

submitted the \$45 application fee to the Admissions Office?

requested all official transcripts be sent to the **UHCL Admissions office**?

completed the Counseling Program Application forms?

included your resume?

included your essay?

completed the self-rating sheet?

included or requested 3 recommendation forms from PROFESSIONAL references?

requested GRE or MAT scores be sent to the Admissions office if necessary?

completed and included all documents required for School Counselor applicants?