2013 CACREP Vital Statistics Survey: 
Version B (For Programs Accredited Under 
the 2001 CACREP Standards)

Filled Wednesday, August 14, 2013 - 
http://fluidsurveys.com/s/2013CACREPVITALSTATSURVEYVERSIONB/2541de0eeecf58ae46553dbf00d5c171a57f68c/

Institutional Information

This survey is to be completed only by PROGRAMS accredited under the 2001 
CACREP Standards and needs to be submitted by September 15, 2013. 
If you have any questions or need assistance in completing this survey, please contact Tyler Kimbel 
at 703.535.5990 or 
tkimbel@cacrep.org.________________________________________________________

1.) Name of Your Institution:
Please provide the name of the institution where your program is located.

Southeast Missouri 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.

North Central (NCACES)

CAREER COUNSELING

4.) Do you have a CACREP-accredited CAREER COUNSELING program?
No
COLLEGE COUNSELING

5.) Do you have a CACREP-accredited COLLEGE COUNSELING program?
No

COMMUNITY COUNSELING

6.) Do you have a CACREP-accredited COMMUNITY COUNSELING program?
Yes

COMMUNITY COUNSELING Cont’d

6.A.) What is the minimum number of credit (semester) hours required for your COMMUNITY 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 COMMUNITY COUNSELING program?
Please provide a headcount of students currently enrolled in your Community Counseling program. ("currently enrolled" = students enrolled in your program at the time this survey is being completed)

23

COMMUNITY COUNSELING PROGRAM/STUDENT OUTCOMES

6.C.) How many students graduated from your COMMUNITY COUNSELING program in the past year?
Please provide the combined total number of graduates from Summer 2012, Fall 2012, and Spring 2013.

7
6.D.) To the best of your knowledge, what is the completion rate for students from your COMMUNITY 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 for students graduating from your COMMUNITY COUNSELING program?
Please use the drop down menu below to choose the licensure [or certification] examination pass rate, to the best of your knowledge, for 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.)

98%

6.F.) To the best of your knowledge, what is the job placement rate for graduates from your COMMUNITY COUNSELING program?
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.

98

GERONTOLOGICAL COUNSELING

7.) Do you have a CACREP-accredited GERONTOLOGICAL COUNSELING program?
No
MCFC/T

8.) Do you have a CACREP-accredited MARITAL, COUPLE, AND FAMILY COUNSELING/THERAPY program?
No

MENTAL HEALTH COUNSELING

9.) Do you have a CACREP-accredited MENTAL HEALTH COUNSELING program?
No

SCHOOL COUNSELING

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

SCHOOL COUNSELING Cont'd

10.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 x (2/3) = 48 semester hours.)
48

10.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)
40
10.C.) How many students graduated from your SCHOOL COUNSELING program in the past year?

Please provide the combined total number of graduates from Summer 2012, Fall 2012, and Spring 2013.

31

10.D.) To the best of your knowledge, what is the completion rate for 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

10.E.) To the best of your knowledge, what is the licensure [or certification] examination pass rate for 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, for 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%

10.F.) To the best of your knowledge, what is the job placement rate for graduates from your SCHOOL COUNSELING program?

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.
occupation. Denominator: the number of students who, during the award year, received the master's counseling degree awarded for successfully completing the program.

98

STUDENT AFFAIRS

11.) Do you have a CACREP-accredited STUDENT AFFAIRS program?
No

Applications and Non CACREP Programs

12.) 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, 2012 to May 31, 2013.

40

13.) Non-CACREP-Accredited Programs:
Please check all programs offered by your academic counseling unit that are NOT ACCREDITED by CACREP.

• Other, please specify...: Education Specialist in Counseling

Masters Students w Disabilities

14.) 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.

Yes
Masters Students w Disabilities Cont'd

14.A.) How many MALE students with disabilities are enrolled in your CACREP-accredited MASTER'S level counseling programs(s)?
0

14.B.) How many FEMALE students with disabilities are enrolled in your CACREP-accredited MASTER'S level counseling program(s)?
1

Masters Student Demographics

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

Masters Student Demographics Cont'd

15.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".

<table>
<thead>
<tr>
<th>Variable</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.A.) MASTER'S Student Demographics:</td>
<td>MALE: African American/Black</td>
</tr>
<tr>
<td>15.A.) MASTER'S Student Demographics:</td>
<td>FEMALE: African American/Black</td>
</tr>
<tr>
<td>15.A.) MASTER'S Student Demographics:</td>
<td>MALE: American Indian/Native Alaskan</td>
</tr>
<tr>
<td>15.A.) MASTER'S Student Demographics:</td>
<td>FEMALE: American</td>
</tr>
<tr>
<td></td>
<td>MALE: Asian American</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>15.A.) MASTER’S Student Demographics:</td>
<td>0</td>
</tr>
<tr>
<td>15.A.) MASTER’S Student Demographics:</td>
<td>MALE: Caucasian/White</td>
</tr>
<tr>
<td>15.A.) MASTER’S Student Demographics:</td>
<td>FEMALE: Caucasian/White</td>
</tr>
<tr>
<td>15.A.) MASTER’S Student Demographics:</td>
<td>MALE: Hispanic/Latino/Spanish American</td>
</tr>
<tr>
<td>15.A.) MASTER’S Student Demographics:</td>
<td>FEMALE: Hispanic/Latino/Spanish American</td>
</tr>
<tr>
<td>15.A.) MASTER’S Student Demographics:</td>
<td>MALE: Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>15.A.) MASTER’S Student Demographics:</td>
<td>FEMALE: Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>15.A.) MASTER’S Student Demographics:</td>
<td>MALE: Multiracial</td>
</tr>
<tr>
<td>15.A.) MASTER’S Student Demographics:</td>
<td>FEMALE: Multiracial</td>
</tr>
<tr>
<td>15.A.) MASTER’S Student Demographics:</td>
<td>MALE: Other/Undisclosed</td>
</tr>
<tr>
<td>15.A.) MASTER’S Student Demographics:</td>
<td>FEMALE: Other/Undisclosed</td>
</tr>
<tr>
<td>15.A.) MASTER’S Student Demographics:</td>
<td>MALE: Nonresident Alien</td>
</tr>
<tr>
<td>15.A.) MASTER’S Student Demographics:</td>
<td>FEMALE: Nonresident Alien</td>
</tr>
</tbody>
</table>

**DOCTORAL CES Programs**

**16.) Do you have a CACREP-accredited DOCTORAL degree program in COUNSELOR EDUCATION AND SUPERVISION?**

No
Faculty

17.) 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

18.) 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

18.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".

<table>
<thead>
<tr>
<th>Variable</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>0</td>
</tr>
<tr>
<td>MALE: African American/Black</td>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
</tr>
<tr>
<td>FEMALE: African American/Black</td>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
</tr>
<tr>
<td>MALE: American Indian/Native Alaskan</td>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
</tr>
<tr>
<td>FEMALE: American Indian/Native Alaskan</td>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
</tr>
<tr>
<td>MALE: Asian American</td>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
</tr>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>FEMALE: Asian American</td>
</tr>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>MALE: Caucasian/White</td>
</tr>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>FEMALE: Caucasian/White</td>
</tr>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>MALE: Hispanic/Latino/Spanish American</td>
</tr>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>FEMALE: Hispanic/Latino/Spanish American</td>
</tr>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>MALE: Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>FEMALE: Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>MALE: Multiracial</td>
</tr>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>FEMALE: Multiracial</td>
</tr>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>MALE: Other/Undisclosed</td>
</tr>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>FEMALE: Other/Undisclosed</td>
</tr>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>MALE: Nonresident Alien</td>
</tr>
<tr>
<td>18.A.) FULL-TIME Faculty Demographics:</td>
<td>FEMALE: Nonresident Alien</td>
</tr>
</tbody>
</table>

Program Questions

19.) How has CACREP accreditation benefited or helped your counseling program(s) and/or your students?

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

The CACREP accreditation has attracted students to our programs as they are increasingly seeking out this accreditation for their degrees. It has ensured a high quality program.

20.) How could CACREP be of more help to your accredited program(s)?

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

(No response)
21.A.) Hypothetical Scenario:
In the future, suppose CACREP reorganized its accreditation structure so that CACREP accredited counseling programs as a whole academic unit (i.e., department), rather than its current structure of accrediting individual counseling program areas (e.g., Addiction, Career, School, etc) within an academic counseling unit. Please rate your level of support for this hypothetical restructuring by selecting one response from the list below.

21.B.) If you have any comments or reactions to the hypothetical scenario posed above, please share them below:
Please note, there is a 500 word limit for comments.
(No response)

Contact Info/Comments

22.) 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.
jward@semo.edu

23.) Final comments? Please share them below:
Please note, there is a 500 word limit for comments.
(No response)