

FLORIDA ATLANTIC UNIVERSITY™

UGPC APPROVAL _____

UFS APPROVAL _____

CATALOG _____

Graduate Programs—PROGRAM CHANGE REQUEST

DEPARTMENT: COUNSELOR EDUCATION

COLLEGE: EDUCATION

PROGRAM NAME:

M.ED. IN REHABILITATION COUNSELING

EFFECTIVE DATE

(PROVIDE TERM/YEAR)

FALL 2016

PLEASE EXPLAIN THE REQUESTED CHANGE(S) AND OFFER RATIONALE BELOW AND/OR ATTACHED:

FOLLOWING THE ANNOUNCED AFFILIATION AGREEMENT BETWEEN THE ACCREDITING BODIES CORE AND CACREP, IN 2014, THE DEPARTMENT MADE THE DECISION TO PURSUE A "CONVERSION" OF ITS CORE ACCREDITED M.ED. IN REHABILITATION COUNSELING TO A CACREP ACCREDITED PROGRAM. THIS WILL EFFECTIVELY UNIFY ALL DEPARTMENT ACCREDITATIONS (MASTERS IN CLINICAL MENTAL HEALTH COUNSELING AND SCHOOL COUNSELING, AND PH.D. IN COUNSELING) UNDER ONE ENTITY: CACREP.

FEEDBACK FROM THE INITIAL CACREP REVIEW OF THE SELF-STUDY SUGGESTED THAT THE TITLE OF THE PROGRAM SHOULD REFLECT A MORE CLINICAL FOCUS. AS A RESULT, WE ARE REQUESTING THE FOLLOWING TITLE CHANGE FROM "REHABILITATION COUNSELING" TO "CLINICAL REHABILITATION COUNSELING."

WE WISH TO HAVE THE CATALOG REFLECT THE FOLLOWING AS WELL: The Master of Education (M.Ed.) with major in Counselor Education may be structured with a Clinical Mental Health Counseling, Clinical Rehabilitation Counseling or School Counseling concentration. Note that admission requirements differ for these concentrations.

Faculty contact, email and complete phone number:

Paul R Peluso, ppeluso@fau.edu, 7-3602

Consult and list departments that might be affected by the change and attach comments

N/A.

Approved by:

Department Chair: _____

College Curriculum Chair: _____

College Dean: _____

UGPC Chair: _____

Graduate College Dean: _____

UFS President: _____

Provost: _____

Date:

11/18/15

11/18/15

11/19/15

Email this form and syllabus to UGPC@fau.edu one week before the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website prior to the meeting.