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, npeluso@fau.edu, 7-3602

Consult and list departments that might be affected by the change and attach comments
N/A.

Approved by:
Department Chair: [Signature]
College Curriculum Chair: [Signature]
College Dean: [Signature]
UGPC Chair: [Signature]
Graduate College Dean: [Signature]
UFS President: [Signature]
Provost: [Signature]

Date: 11/18/15

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.

FAUprogramchangeGrad—Revised November 2012