

# 2017 CACREP Vital Statistics Survey: Version A(For Programs Accredited Under the 2009 CACREP Standards)

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*Filled September, 14 2017*

## **Institutional Information**

**This survey is to be completed only by programs accredited under the 2009 CACREP Standards and needs to be submitted by September 15, 2016.**

If you have any questions or need assistance in completing this survey, please contact Tyler Kimbel at 703.535.5990 or [tkimbel@cacrep.org](mailto:tkimbel@cacrep.org).

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### **1.) Name of Your Institution:**

Please provide the name of the institution where your program is located.

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.

North Central (NCACES)

### **4.) Do you currently have one or more counseling programs accredited under the 2001 CACREP Standards?**

No

**5.) Do you currently have one or more counseling programs accredited under the 2009 CACREP Standards?**

Yes

#### **ADDICTION COUNSELING**

**6.) Do you have a CACREP-accredited ADDICTION COUNSELING program?**

No

#### **CAREER COUNSELING**

**7.) Do you have a CACREP-accredited CAREER COUNSELING program?**

No

#### **CL REHAB**

**8.) Do you have a CACREP-accredited CLINICAL REHABILITATION COUNSELING program that is dually accredited as a CLINICAL MENTAL HEALTH COUNSELING program under the 2009 standards?**

No

#### **CMHC**

**9.) Do you have a CACREP-accredited CLINICAL MENTAL HEALTH COUNSELING program under the 2009 Standards?**

Please note, this question pertains to programs accredited solely as Clinical Mental Health Counseling programs.

Yes

#### **CMHC Cont'd**

**10.A.) What is the minimum number of credit (semester) hours required for your CLINICAL MENTAL HEALTH 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 90, then  $90 \times (2/3) = 60$  semester hours.)

60

### **10.B.) How many students are currently enrolled in your CLINICAL MENTAL HEALTH COUNSELING program?**

Please provide a headcount of students currently enrolled in your Clinical Mental Health Counseling program. ("currently enrolled" = students enrolled in your program at the time this survey is being completed)

57

### **CLINICAL MENTAL HEALTH COUNSELING PROGRAM/STUDENT OUTCOMES**

Unless a specific time frame is identified, you should respond to the questions below using the most recent data you have available for the program.

### **10.C.) How many students graduated from your CLINICAL MENTAL HEALTH COUNSELING program in the past year?**

Please provide the combined total number of graduates from Summer 2016, Fall 2016, and Spring 2017.

26

### **10.D.) To the best of your knowledge, what is the completion rate of students from your CLINICAL MENTAL HEALTH 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.

75%

**10.E.) To the best of your knowledge, what is the licensure [or certification] examination pass rate of students graduating from your **CLINICAL MENTAL HEALTH COUNSELING** program?**

Please use the drop down menu below to choose the licensure [or certification] examination pass rate, to the best of your knowledge, of 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 of graduates from your **CLINICAL MENTAL HEALTH COUNSELING** program who were actively seeking employment?**

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 and were actively seeking employment.

100%

**10.G.) Within your academic unit, do you have a second program accredited as a **CLINICAL MENTAL HEALTH COUNSELING** program?**

Please note, this option is for programs that have two or more programs currently accredited as CMHC programs. Only select "Yes" if you have a second CMHC program for which you need to report vital statistics.

No.

**11.) Do you have a CACREP-accredited **MARRIAGE, COUPLE, AND FAMILY COUNSELING** program under the 2009 Standards?**

No.

## SCHOOL COUNSELING

### **12.) Do you have a CACREP-accredited SCHOOL COUNSELING program under the 2009 Standards?**

Yes.

### **13.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 90, then  $90 \times (2/3) = 60$  semester hours.)

48

### **13.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)

51

## **SCHOOL COUNSELING PROGRAM/STUDENT OUTCOMES**

Unless a specific time frame is identified, you should respond to the questions below using the most recent data you have available for the program.

### **13.C.) How many students graduated from your SCHOOL COUNSELING program in the past year?**

Please provide the combined total number of graduates from Summer 2016, Fall 2016, and Spring 2017.

32

**13.D.) To the best of your knowledge, what is the completion rate of 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.

79%

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

**13.F.) To the best of your knowledge, what is the job placement rate of graduates from your SCHOOL COUNSELING program who were actively seeking employment?**

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 and were actively seeking employment.

100%

**Within your academic unit, do you have a second program accredited as a SCHOOL COUNSELING program?**

Please note, this option is for programs that have two or more programs currently accredited as SCHOOL COUNSELING programs. Only select "Yes" if you have a second SCHOOL COUNSELING program for which you need to report vital statistics.

No

**Do you have a CACREP-accredited STUDENT AFFAIRS AND COLLEGE COUNSELING program under the 2009 Standards?**

No

**Do you have a CACREP-accredited COUNSELOR EDUCATION AND SUPERVISION doctoral program under the 2009 Standards?**

No

**Do you have one or more counseling programs accredited under the 2016 CACREP standards?**

No. However our program is currently shifting counseling curriculum from 2009 to 2016 CACREP standards, and will be anticipate fully implementing the 2016 CACREP standards by Fall 2018.

**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, 2016 to May 31, 2017.

117

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

You will be asked to provide the number of students in each racial/ethnic category by gender. Only select "Yes" if you have information about each racial/ethnic category by gender.

Yes

### 14.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".

Variable	Response
14.A.) MASTER'S Student Demographics:   MALE: African American/Black	3
14.A.) MASTER'S Student Demographics:   FEMALE: African American/Black	1
14.A.) MASTER'S Student Demographics:   MALE: American Indian/Native Alaskan	0
14.A.) MASTER'S Student Demographics:   FEMALE: American Indian/Native Alaskan	0
14.A.) MASTER'S Student Demographics:   MALE: Asian American	0
14.A.) MASTER'S Student Demographics:   FEMALE: Asian American	0
14.A.) MASTER'S Student Demographics:   MALE: Caucasian/White	12
14.A.) MASTER'S Student Demographics:   FEMALE: Caucasian/White	40
14.A.) MASTER'S Student Demographics:   MALE: Hispanic/Latino/Spanish American	1
14.A.) MASTER'S Student Demographics:   FEMALE: Hispanic/Latino/Spanish American	5
14.A.) MASTER'S Student Demographics:   MALE: Native Hawaiian/Pacific Islander	0
14.A.) MASTER'S Student Demographics:   FEMALE: Native Hawaiian/Pacific Islander	0
14.A.) MASTER'S Student Demographics:   MALE: Multiracial	0
14.A.) MASTER'S Student Demographics:   FEMALE: Multiracial	0
14.A.) MASTER'S Student Demographics:   MALE: Other/Undisclosed	0
14.A.) MASTER'S Student Demographics:   FEMALE: Other/Undisclosed	0
14.A.) MASTER'S Student Demographics:   MALE: Nonresident Alien	0
14.A.) MASTER'S Student Demographics:   FEMALE: Nonresident Alien	1

### 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.

No

**Are you able to provide racial/ethnic background information about students enrolled in your CACREP-accredited COUNSELOR EDUCATION AND SUPERVISION doctoral program?**

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.

Not applicable (i.e. "I do not have an accredited CES doctoral program.")

**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).

6

**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**

**17.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".

Variable	Response
17.A.) FULL-TIME Faculty Demographics:   MALE: African American/Black	0
17.A.) FULL-TIME Faculty Demographics:   FEMALE: African American/Black	2
17.A.) FULL-TIME Faculty Demographics:   MALE: American Indian/Native Alaskan	0

17.A.) FULL-TIME Faculty Demographics:   FEMALE: American Indian/Native Alaskan	0
17.A.) FULL-TIME Faculty Demographics:   MALE: Asian American	0
17.A.) FULL-TIME Faculty Demographics:   FEMALE: Asian American	0
17.A.) FULL-TIME Faculty Demographics:   MALE: Caucasian/White	3
17.A.) FULL-TIME Faculty Demographics:   FEMALE: Caucasian/White	1
17.A.) FULL-TIME Faculty Demographics:   MALE: Hispanic/Latino/Spanish American	0
17.A.) FULL-TIME Faculty Demographics:   FEMALE: Hispanic/Latino/Spanish American	0
17.A.) FULL-TIME Faculty Demographics:   MALE: Native Hawaiian/Pacific Islander	0
17.A.) FULL-TIME Faculty Demographics:   FEMALE: Native Hawaiian/Pacific Islander	0
17.A.) FULL-TIME Faculty Demographics:   MALE: Multiracial	0
17.A.) FULL-TIME Faculty Demographics:   FEMALE: Multiracial	0
17.A.) FULL-TIME Faculty Demographics:   MALE: Other/Undisclosed	0
17.A.) FULL-TIME Faculty Demographics:   FEMALE: Other/Undisclosed	0
17.A.) FULL-TIME Faculty Demographics:   MALE: Nonresident Alien	0
17.A.) FULL-TIME Faculty Demographics:   FEMALE: Nonresident Alien	0

**20.) 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.

tmingo@missouristate.edu

**21.) Final comments? Please share them below:**

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

Faculty expressed concern over demographic language “Nonresident Alien”. Suggest: “Undocumented or Non-US Resident”