



College Verification Form

Alternative Placement Program (School Counseling)

This form is for an applicant with a provisional certificate in **School Counseling** through the Alternative Placement Program who is applying for standard certification.

»» A: THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name: _____

Last First Middle Maiden

Social Security Number:

»» B: THIS SECTION TO BE COMPLETED BY AN ACCREDITED COLLEGE SCHOOL COUNSELING DEPARTMENT

I, _____, can confirm that the following graduate courses were passed by the educator listed above *at this college* and are part of a state-approved **school counseling** program.

School counseling courses must address the components of a comprehensive school counseling program, including *but not limited to*, data-informed decision making, closing achievement and opportunity gaps, school counseling ethical standards, and improving student achievement, attendance, and discipline.

Course Code	Course Name	Credits Earned (Semester Hours)
Total Credits Approved:		<input type="text"/>

Print Name Title Signature Date
(School Counseling Department Official) (School Counseling Department Official)

College or University Phone Number Email Address
(and State if not OK)