

MASTER OF ARTS IN COUNSELING PSYCHOLOGY

ADMISSIONS REQUIREMENTS / CHECKLIST

All applicants to the M.A. in Counseling Psychology must:

1. Hold a Bachelor's degree from a recognized institution;
2. Have achieved a minimum 2.75 GPA in undergraduate course work.

Checklist:

1. Submit Application Form (www.cityu.edu/forms)
2. Pay \$50 Application Fee
3. Request Transcripts – Using Form (www.cityu.edu/forms)
4. Complete Program Portfolio (see below)

Furnish a portfolio containing:

1. Admissions application and fee: Complete the application for admission to City University of Seattle and submit it and the associated fee with your portfolio (form available online at www.cityu.edu/foms or by contacting an advisor at 888.422.4898 or info@cityu.edu);
2. Three letters of professional reference;
Letters of *professional* reference must adhere to the following criteria:
 - Letters are of professional nature, and refer to your performance in an academic, employment, internship, volunteer, and/or other professional environment. Letters of personal reference will not be accepted.
 - Letters are submitted in their original envelopes with the signature of the author signed over the seal of the envelopes.
 - Letters contain the author's contact information including name, place of business, phone number, address, and email address.
3. Official transcripts from all post-secondary educational institutions (request form available online at www.cityu.edu/foms or by contacting an advisor at 888.422.4898 or info@cityu.edu);
4. Completed and signed Background Information form (attached). Applicants must have a history free of convictions of criminal misdemeanors and/or felonies. Applicants who have such a history may be denied a professional credential at the state level (see RCW 18.130). The Background Information form must be submitted prior to the interview process;
5. A current vita/resume;
6. A writing sample defining your professional goals and addressing past and current experience relevant to becoming a counselor (guidelines attached). The writing sample will be used to determine minimum qualifications for admission to the program;

Send completed portfolio to:

Office of Admissions – MACP
11900 NE First Street
Bellevue, WA 98005

Interview

Once the completed portfolio has been received by the admissions advisor you will be contacted by the Program Director/ Senior Faculty or designee to schedule an interview. The interview will be used to determine minimum qualifications for admission to the program.

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GUIDELINES FOR THE MACP WRITING SAMPLE

The ability to write effectively is an important professional skill which is emphasized in graduate education. The application process for the MACP requires a paper defining your professional goals and addressing past and current relevant experience in support of your professional development.

The writing sample is an opportunity for you to demonstrate your writing skill and to briefly describe your professional goals and personal values. Reflecting on the topics also begins the process of self-exploration that will continue throughout the program. Please write 1 to 2 pages for each of the main sections listed below.

Your 4 to 6 page paper must be word-processed.

1. Professional Goal Statement

- a. State your reasons for wanting to complete a Master's degree, and why you have chosen to apply to City University of Seattle's MACP program.
- b. Briefly describe the optimal qualities that counselors should possess prior to entering the counseling field, and the extent to which you possess those qualities.
- c. Identify your major learning goals for your Master's program, and steps you will take to achieve them.
- d. Describe what you believe the completion of the MACP degree will make possible for you professionally and personally.

2. Personal Experience

- a. Briefly describe one or two important life experiences that have contributed to your identity and your view of the world.
- b. Briefly discuss your most significant personal beliefs and values, and how those beliefs and values will impact your work as a counselor.

3. Self-Awareness and Commitment

- a. Describe the situational or institutional challenges you might encounter in your master's program, and identify one or two strategies or strengths you will use to overcome those challenges.
- b. Situational and institutional challenges might include time, finances, program requirements, University requirements, etc.
- c. Describe the personal or emotional challenges you might encounter in your master's program, and identify one or two strategies or strengths you will use to overcome those challenges. Personal and emotional challenges might include unresolved personal issues, personal biases or blind spots, habits and attitudes, interpersonal difficulties, etc.

4. Support System

- a. Describe your current support system, including counseling for yourself, attendance at workshops, participation in support groups, and other means of support.
- b. Outline how you will use and expand this support system throughout your master's program.

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BACKGROUND INFORMATION

Please complete the following questions and sign the affidavit. Any falsification, deliberate misrepresentation, and/ or omission of a material fact can be grounds for denial of admission or removal from the program. All required documentation requested below must accompany this form. All questions must be answered. If extra space is required, attach additional sheets of paper as needed. **PLEASE PRINT CLEARLY OR TYPE.**

Section 1: Personal Information

Student Name:	Social Security #:
Mailing Address:	
Phone (Day):	Phone (Evening):
Date of Birth:	Place of Birth:
All former names and dates of usage: (Use separate sheet of paper if necessary)	

Section 2: Professional Information

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you now have or have you ever had professional certification or licensure as a mental health worker in Washington State or any other state, province, or country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you currently or have you ever been the subject of any investigation or inquiry by any professional certification or licensing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever had any adverse action taken on any professional certification or license (e.g., letters of warning, reprimands, suspensions, revocations, voluntary surrenders, or voidance)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been denied or otherwise rejected for cause regarding professional certification or licensing? |

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BACKGROUND INFORMATION (Continued)

YES NO

5. Have you ever withdrawn an application for any professional certification or licensure?
6. Have you ever had any professional certificate or license lapse and/ or expire?
7. Have you been dismissed, discharged, or fired from any employment?
8. Have you been disciplined by a past or current employer because allegations of misconduct were pending?
9. Have you been disciplined by a past or current employer because of allegations of misconduct?
10. Are you currently or have you ever been the subject of any investigation or inquiry by an employer?

If you have answered “yes” to questions 1 and/or 2, please give a complete history of information on a separate sheet of paper including licensure, circumstances, and supporting documentation.

For any “yes” responses to questions 3-10, please give a complete explanation on a separate sheet of paper including duties, circumstances, and supporting documentation.

Section 3: Criminal Information

YES NO

1. Have you ever been arrested for any crime or violation of the law? (Note: Even if your case was dismissed or your record was sealed, you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed.
2. Have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
3. Have you ever been convicted of any crime or violation of any law, including pleas of guilty or nolo contendere and/ or proceedings in which a sentence has been suspended or deferred? You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed.
4. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in Washington State or in any other state, province or country?
5. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is “yes,” identify the agency and location (contact person, street address, city, state, country).

For any “yes” responses to questions 1-5, state the following on a separate sheet of paper:

- a. The nature of the offense, charge or warrant;
- b. The date of the arrest;
- c. The current status or final disposition.

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BACKGROUND INFORMATION (Continued)

Section 4: Behavioral Information

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever engaged in any conduct which resulted in the damage or destruction of property (both real and/ or personal property owned by you or another person)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever threatened to damage or destroy property (both real and/ or personal property owned by you or another person)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever threatened to do physical injury or harm to any person(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have a medical condition which in any way impairs or limits your ability to serve as a counselor with reasonable skill and safety? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Does your use of chemical substance(s) in any way impair or limit your ability to serve as a counselor with reasonable skill and safety? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are there impairments or limitations caused by your medical condition(s) and/ or chemical substance(s) use disclosed in questions 6 and 7? (If your answer is "yes," please identify your participation in ongoing treatment, with or without medications, or monitoring program.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you currently use illegal drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you used illegal drugs in the last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. If you have used illegal drugs in the last year, have you successfully completed or are you participating in a supervised rehabilitation program? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you ever been found in any dependency of domestic relation matter to have physically abused any person(s)? |

For any "yes" responses to questions 1-13, please give a complete explanation on a separate sheet of paper.

Section 5: Educating and Training in Counseling

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever enrolled in a graduate course which related at all to counseling? (If you answer "yes," please provide name and location of institution, dates of attendance, names of courses and whether or not you completed the course.) |
|--------------------------|--------------------------|---|

On a separate sheet, list all entities, companies, institutions, and partnerships for which you have ever been employed that are related in any way to the counseling profession.

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BACKGROUND INFORMATION (Continued)

Section 6: Affidavit

I, _____, certify (or declare) that the information provided in this background information document is true and correct. I certify that I have answered this application truthfully and completely. In the completion of this application, any falsification or deliberate misrepresentation, or omission of material facts can be grounds for denial of admission or removal from the program. I authorize City University of Seattle to conduct a thorough investigation of any and all portions of the information I have provided in this document.

Signature: _____

Date: _____

City/ State: _____