| Response D            | etails                       |
|-----------------------|------------------------------|
| ID:                   | 44550333                     |
| Timestamp:            | 24 Sep, 2019 09:16:11 AM PDT |
| IP Address:           | 168.18.233.254               |
| Time Taken:           | 915 seconds                  |
| Back Button<br>Usage: | Not used                     |
| Score:                | 0.0                          |
| Survey<br>Language:   | English                      |
| Source Identifier:    |                              |
| Email Address:        |                              |
| Email List:           |                              |

| Integration Tags    |  |
|---------------------|--|
| External Reference: |  |
| Custom Variable 1:  |  |
| Custom Variable 2:  |  |
| Custom Variable 3:  |  |
| Custom Variable 4:  |  |
| Custom Variable 5:  |  |

| Geo Coding | <b>②</b> |
|------------|----------|
| Country:   | US       |
| Region:    | GA       |
| Latitude:  | 0.0      |
| Longitude: | 0.0      |
| Radius:    | 0.0      |
|            |          |

Questions marked with a \* are required

Institution Name:

Albany State University

>> Public

>> Southern Region (i.e., AL, AR, FL, GA, KY, LA, MD, MS, NC, SC, TN, TX, VA, WV)

<sup>\*</sup> Institution Type: Details

<sup>\*</sup> Institution Location/Region: Details

<sup>\*</sup> Do you have a CACREP-accredited REHABILITATION COUNSELING program accredited under the CORE standards? (This does not include the Dually accredited Clinical Mental Health Counseling and Clinicals Rehabilitation Counseling program or Clinical Rehabilitation Counseling, which

| will both be options later in the survey)   |
|---|
| » No  |
| * Do you currently have one or more counseling programs accredited under the 2001 Standards?  |
| » No  |
| * Do you currently have one or more counseling programs accredited under the 2009 CACREP Standards?   |
| Yes   |
| * Do you have a CACREP-accredited ADDICTION COUNSELING program under the 2009 Standards?  |
| » No  |
| * Do you have a CACREP-accredited CAREER COUNSELING program under the 2009 Standards? (Select one option)   |
| » No  |
| * 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  |
| * Do you have a CACREP-accredited CLINICAL MENTAL HEALTH COUNSELING program under the 2009 Standards?   |
| » No  |
| * Do you have a CACREP-accredited MARRIAGE, COUPLE, AND FAMILY COUNSELING program under the 2009 Standards?   |
| » No  |
| * Do you have a CACREP-accredited SCHOOL COUNSELING program under the 2009 Standards?   |
| Yes   |
| What is the minimum number of credit (semester) hours required for your SCHOOL COUNSELING degree?   |
| 48  |
| How many students are currently enrolled in your SCHOOL COUNSELING program?   |
| 5   |
| How many students graduated from your SCHOOL COUNSELING program in the past year?   |
| 5   |
| * To the best of your knowledge, what is the completion rate of students from your SCHOOL COUNSELING program? Details   |
| >> 100%   |
| * To the best of your knowledge, what is the licensure [or certification] examination pass rate of students graduating from your SCHOOL COUNSELING program? Details             |

| <b>»</b> 100%  |
|--|
| * To the best of your knowledge, what is the job placement rate of graduates from your SCHOOL COUNSELING program who were actively seeking employment? Details |
| <b>»</b> 100%  |
| * Within your academic unit, do you have a second program accredited as a SCHOOL COUNSELING program? Details   |
| » 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   |
| How many applications for your MASTER'S level CACREP-accredited program(s) did you receive in the past year?  35   |
| * Non-CACREP-Accredited Programs: Please select all programs offered by your academic counseling unit that are NOT ACCREDITED by CACREP.                       |
| >> Clinical Mental Health Counseling   |
| >> Clinical Rehabilitation Counseling  |
| * Are you able to provide racial/ethnic background information about students enrolled in your CACREP-accredited MASTER'S level COUNSELING program(s)? Details |
| Yes  |
| American Indian or Alaska Native   |
| 0  |
| Asian  |
| 0  |
| Black or African American  |
| 4  |
| Hispanic or Latino   |
| 0  |
| Native Hawaiian or Other Pacific Islander  |
| 0  |
| White  |
| 1  |

| Multiracial                               |  |
|---|--|
| 0   |  |
| Other/Undisclosed                         |  |
| 0   |  |
| Nonresident Alien                         |  |
| 0   |  |
| Active Military or Veteran                |  |
| 0   |  |
|   |  |
| American Indian or Alaska Native          |  |
| 0   |  |
| Asian                                     |  |
| 0   |  |
| Black or African American                 |  |
| 12  |  |
| Hispanic or Latino                        |  |
| 0   |  |
| Native Hawaiian or Other Pacific Islander |  |
| 0   |  |
| White                                     |  |
| 4   |  |
| Multiracial                               |  |
| 0   |  |
| Other/Undisclosed                         |  |
| 0   |  |
| Nonresident Alien                         |  |
| 0   |  |
| Active Military or Veteran                |  |
| 0   |  |
|   |  |
| American Indian or Alaska Native          |  |
| 0   |  |
| Asian                                     |  |
| 0   |  |
| Black or African American                 |  |
| 0   |  |
| Hispanic or Latino                        |  |
| 0   |  |
| Native Hawaiian or Other Pacific Islander |  |
| 0   |  |
| White                                     |  |

| Mulitracial   |         |
|---|---------|
| 0   |         |
| Other/Undisclosed   |         |
| 0   |         |
| Nonresident Alien   |         |
| 0   |         |
| Active Military or Veteran  |         |
| 0   |         |
|   |         |
| * Are you able to provide information about the number of students with disabilities enrolled in your CACREP-accredited MASTER'S lev  | /el     |
| » Yes   |         |
|   |         |
| Male  |         |
| 0   |         |
| Female  |         |
| 1   |         |
| Transgender/Gender Non-Conforming   |         |
| 0   |         |
|   |         |
| * Are you able to provide racial/ethnic background information about students enrolled in your CACREP-accredited COUNSELOR EDU AND SUPERVISION doctoral program? <b>Details</b> | ICATION |
| >> 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?  |         |
| 2   |         |
|   |         |
| * Are you able to provide racial/ethnic background information about FULL-TIME faculty members in your academic counseling unit? D  | etails  |
| >> Yes  |         |
|   |         |
| American Indian or Alaska Native  |         |
| 0   |         |
| Asian   |         |
| 0   |         |
| Black or African American   |         |
| 0   |         |
| Hispanic or Latino  |         |
| 0   |         |
| Native Hawaiian or Other Pacific Islander   |         |
|   |         |
|   |         |

| 0   |  |
|---|--|
| Multiracial                               |  |
| 0   |  |
| Other/Undisclosed                         |  |
| 0   |  |
| Nonresident Alien                         |  |
| 0   |  |
|   |  |
| American Indian or Alaska Native          |  |
| 0   |  |
| Asian                                     |  |
| 0   |  |
| Black or African American                 |  |
| 2   |  |
| Hispanic or Latino                        |  |
| 0   |  |
| Native Hawaiian or Other Pacific Islander |  |
| 0   |  |
| White                                     |  |
| 0   |  |
| Multiracial                               |  |
| 0   |  |
| Other/Undisclosed                         |  |
| 0   |  |
| Nonresident Alien                         |  |
| 0   |  |
|   |  |
| American Indian or Alaska Native          |  |
| 0   |  |
| Asian                                     |  |
| 0   |  |
| Black or African American                 |  |
| 0   |  |
| Hispanic or Latino                        |  |
| 0   |  |
| Native Hawaiian or Other Pacific Islander |  |
| 0   |  |
| White                                     |  |
| 0   |  |
| Multiracial                               |  |
| 0   |  |

| Other/Undisclosed   |           |
|---|-----------|
| 0   |           |
| Nonresident Alien   |           |
| 0   |           |
|   |           |
| Would you be willing to pay a 3% convience fee on credit credit card payments for accreditation fees?                                   |           |
| » No  |           |
| Please provide a contact email address. This address will be used if the CACREP office has any questions about the information provided | d in this |
| survey.   |           |
| annie.lewis@asurams.edu   |           |
|   |           |
|   |           |