

# 2016 CACREP Vital Statistics Survey: Version A(For Programs Accredited Under the 2009 CACREP Standards)

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*Filled Thursday, September 15, 2016*

## **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.

LSU Health Sciences Center at New Orleans School of Allied Health Professions

### **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.

Southern (SACES)

## **ADDICTION COUNSELING**

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

No

## CAREER COUNSELING

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

No

## CL REHAB

**6.) Do you have a CACREP-accredited CLINICAL REHABILITATION COUNSELING program that is dually accredited as a MENTAL HEALTH COUNSELING program?**

Yes

## CL REHAB Con't

**6.A.) What is the minimum number of credit (semester) hours required for your CLINICAL REHABILITATION COUNSELING/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 72, then  $72 \times (2/3) = 48$  semester hours.)

60

**6.B.) How many students are currently enrolled in your CLINICAL REHABILITATION COUNSELING/CLINICAL MENTAL HEALTH COUNSELING program?**

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

26

## CLINICAL REHABILITATION COUNSELING/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.

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

Please provide the combined total number of graduates from Summer 2015, Fall 2015, and Spring 2016.

9

**6.D.) To the best of your knowledge, what is the completion rate of students from your CLINICAL REHABILITATION COUNSELING/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

**6.E.) To the best of your knowledge, what is the licensure [or certification] examination pass rate of students graduating from your CLINICAL REHABILITATION COUNSELING/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.)

84%

**6.F.) To the best of your knowledge, what is the job placement rate of graduates from your CLINICAL REHABILITATION COUNSELING/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.

97

## CMHC

### **7.) Do you have a CACREP-accredited CLINICAL MENTAL HEALTH COUNSELING program?**

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

No

## MCFC

### **8.) Do you have a CACREP-accredited MARRIAGE, COUPLE, AND FAMILY COUNSELING program?**

No

## SCHOOL COUNSELING

### **9.) Do you have a CACREP-accredited SCHOOL COUNSELING program?**

No

## SA/CC

### **10.) Do you have a CACREP-accredited STUDENT AFFAIRS AND COLLEGE COUNSELING program?**

No

## Applications and Non CACREP Programs

### 11.) 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, 2015 to May 31, 2016.

26

### 12.) Non-CACREP-Accredited Programs:

Please check all programs offered by your academic counseling unit that are NOT ACCREDITED by CACREP.

- None

## Masters Students w Disabilities

### 13.) 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.

Yes

## Masters Students w Disabilities Cont'd

### 13.A.) How many MALE students with disabilities are enrolled in your CACREP-accredited MASTER'S level counseling programs(s)?

0

### 13.B.) How many FEMALE students with disabilities are enrolled in your CACREP-accredited MASTER'S level counseling program(s)?

3

### 13.C.) Alternative Identity: (optional)

If there are students with disabilities enrolled in your CACREP-accredited master's level program(s) who identify with a gender category different from above (e.g., transgender), use the text box below to report this information for these students. Please identify one or more alternative/preferred gender categories as well as the headcount of students with disabilities included in each category you list. Note, there is a 500 word limit for responses.

(No response)

### Masters Student Demographics

#### 14.) 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

### Masters Student Demographics Cont'd

#### 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	1
14.A.) MASTER'S Student Demographics:   FEMALE: African American/Black	8
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	3
14.A.) MASTER'S Student Demographics:   FEMALE: Caucasian/White	14
14.A.) MASTER'S Student Demographics:   MALE: Hispanic/Latino/Spanish American	0

- 14.A.) MASTER'S Student Demographics: | FEMALE: Hispanic/Latino/Spanish American
- 14.A.) MASTER'S Student Demographics: | MALE: Native Hawaiian/Pacific Islander
- 14.A.) MASTER'S Student Demographics: | FEMALE: Native Hawaiian/Pacific Islander
- 14.A.) MASTER'S Student Demographics: | MALE: Multiracial
- 14.A.) MASTER'S Student Demographics: | FEMALE: Multiracial
- 14.A.) MASTER'S Student Demographics: | MALE: Other/Undisclosed
- 14.A.) MASTER'S Student Demographics: | FEMALE: Other/Undisclosed
- 14.A.) MASTER'S Student Demographics: | MALE: Nonresident Alien
- 14.A.) MASTER'S Student Demographics: | FEMALE: Nonresident Alien

0
0
0
0
0
0
0
0
0

**14.B.) Alternative Identity: (optional)**

If there are students enrolled in your CACREP-accredited master's level program(s) who identify with another gender category (e.g., transgender) or race/ethnicity that does not fit with the categories previously provided, use the text box below to report demographic information for these students. Please identify one or more alternative/preferred gender categories as well as the headcount of students included in each category you list and their corresponding race/ethnicity. Note, there is a 500 word limit for responses.

(No response)

**DOCTORAL CES Programs**

**15.) Do you have a CACREP-accredited doctoral degree program in COUNSELOR EDUCATION AND SUPERVISION?**

No

**Faculty**

**16.) 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).

## 17.) 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	0
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	2
17.A.) FULL-TIME Faculty Demographics:   FEMALE: Caucasian/White	2
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

### **17.B.) Alternative Identity: (optional)**

If there are full-time faculty members in your academic counseling unit who identify with another gender category (e.g., transgender) or race/ethnicity that does not fit with the categories previously provided, use the text box below to report demographic information for these faculty members. Please identify one or more alternative/preferred gender categories as well as the headcount of full-time faculty members included in each category you list and their corresponding race/ethnicity. Note, there is a 500 word limit for responses.

(No response)

### **Program Questions**

**18.) This year CACREP sponsored its third "CACREP Advocacy Week" which took place February 22-26, 2016. To the best of your knowledge, please indicate the Advocacy Week activities in which students and/or faculty members from your program(s) participated.**

Use these Advocacy Week activity examples as a reference for your response: \*Transformational Advocacy (ex: viewed Chi Sigma Iota's instructional video on transformational advocacy; engaged in recommended advocacy strategies) \*Social Network Advocacy (ex: promoted public awareness of counselors by sharing information via social networks and/or posting about current professional issues in online forums) \*Political Advocacy (ex: wrote to state licensure board, department of education, or appropriate government representative(s) advocating for unified educational standards for counselors and/or licensure portability) \*Program Advocacy (ex: developed an advocacy project to address a need within your own program and/or raised campus and community awareness about your counseling program) \*Professional Advocacy (ex: created a video about your advocacy efforts on behalf of the profession for the Advocacy Week Video Contest)

- Our program(s) did not participate in Advocacy Week.

**19.) If you have any comments or suggestions related to CACREP Advocacy Week, please share them below.**

(No response)

### **Contact Info/Comments**

**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.

emart3@lsuhsc.edu; CRC@lsuhsc.edu

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

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

(No response)

**REMINDER: Posting Program/Student Outcomes**The highlighted heading, “**COUNSELING PROGRAM/STUDENT OUTCOMES**” was listed under each individual program area on the Vital Statistics Survey. Your responses to the questions below this heading need to be made publically available on your program’s website by September 15, 2016, and a hyperlink to that webpage needs to be sent to [cacrep@cacrep.org](mailto:cacrep@cacrep.org). This link will be made public on the CACREP website to meet recognition requirements set forth by the Council for Higher Education Accreditation (CHEA). The information to be posted includes the following four data points regarding each of your accredited program areas: (a) number of graduates in the past year, (b) completion rate, (c) licensure or certification examination pass rate, and (d) job placement rate of students/graduates. If you are a new program completing the Vital Statistics Survey for the first time, you need to publically report these data points in a program outcomes report on your program website. Once this report has been posted, you then need to send a hyperlink to the report via email to [cacrep@cacrep.org](mailto:cacrep@cacrep.org). If your program submitted a Vital Statistics Survey last year and you have previously posted program outcomes on the program website, you need to update your program outcomes report to reflect the most current data. If the hyperlink to the outcomes report changes when you update this information, you need to send a copy of the new hyperlink via email to [cacrep@cacrep.org](mailto:cacrep@cacrep.org).