

**FORM C:
VERIFICATION OF SCHOOL COUNSELING
CLINICAL EXPERIENCE**

Applicant: Complete TOP section ONLY, then forward this form to the Chair of the School Counseling Program you attended. This form **must** be mailed by **US Mail** to the above address or emailed **by** your Institute of Higher Education to: **deeds@doe.k12.de.us.**

Forms submitted directly by the applicant will **NOT** be accepted.

Print NAME: (Last, First, Middle, Maiden)		SOCIAL SECURITY #
ADDRESS:	CITY:	STATE/ZIP:
COLLEGE/UNIVERSITY NAME:	GRADUATION DATE:	EMAIL ADDRESS
DESIRED CERTIFICATION:	ELEMENTARY <input type="checkbox"/>	SECONDARY <input type="checkbox"/> DUAL <input type="checkbox"/>
<u>APPLICANT SIGNATURE:</u>		<u>DATE:</u>

Effective January 1, 2017, pursuant to Delaware Administrative Code Regulation 1522 and Regulation 1545, candidates seeking school counselor certification must complete school counseling clinical experience under the direct supervision of a State Department of Education certified school counselor.

The required number of clinical experience hours is as follows:

- 700 hours at the elementary OR secondary level for single level certification.
- 350 hours at the elementary level AND 350 hours at the secondary level for dual certification.
- Certified school counselors seeking certification at an additional level must complete 350 hours at the desired level.

**School Counseling Program Chair: Please verify the school counseling clinical experience for the applicant listed above
(add lines as needed):**

DATES FROM (MM/DD/YY)	DATES TO (MM/DD/YY)	SCHOOL & LOCATION	SUPERVISING COUNSELOR (NAME)	GRADE LEVEL(S)	# OF HOURS COMPLETED
			STATE CERTIFIED: YES NO		
			STATE CERTIFIED: YES NO		
			STATE CERTIFIED: YES NO		
Print Name & Title of Program Chair:			Signature:		Date:
College/University Name & Address:				Phone #:	