



We thank you for your time spent taking this survey.
Your response has been recorded.

This survey is to be completed by all CACREP-accredited programs and must be submitted by December 31, 2024.
NOTE: All data for this report should be from Academic Year 2023-2024. If you have any questions or need assistance in completing this survey, please contact the CACREP office at 703.535.5990 or cacrep@cacrep.org.

Institution Name:

Wayne State College

Institution Type:

- ☒ **Public**
- ☐ Non-Profit Private
- ☐ For-Profit

Institution's Headquarters

Nebraska



Do you have a CACREP-accredited ADDICTION COUNSELING program?

- ☐ Yes
- ☒ **No**

Do you have a CACREP-accredited CAREER COUNSELING program?

- ☐ Yes
- ☒ **No**

Do you have a CACREP-accredited CLINICAL MENTAL HEALTH COUNSELING program?

☒ **Yes**

☐ No

What is the minimum number of credit (semester) hours required for your CLINICAL MENTAL HEALTH COUNSELING degree?

60

How many students were enrolled in your CLINICAL MENTAL HEALTH COUNSELING program in the reporting period? If none, enter "0".

40

How many students graduated from your CLINICAL MENTAL HEALTH COUNSELING program in the reporting period? If none, enter "0".

20

What percentage of students complete their degree in your CLINICAL MENTAL HEALTH COUNSELING program within the time to degree established by the institution?

0 10 20 30 40 50 60 70 80 90 100

Percentage



To the best of your knowledge, what is the licensure [or certification] examination pass rate of students graduating from your CLINICAL MENTAL HEALTH COUNSELING program?

- ☐ No Exam
- ☐ 1-10%
- ☐ 11-20%
- ☐ 21-30%
- ☐ 31-40%
- ☐ 41-50%
- ☐ 51-60%
- ☐ 61-70%
- ☐ 71-80%
- ☐ 81-90%
- ☒ **91-100%**

To the best of your knowledge, what is the combined employment and doctoral admissions rates of graduates from your CLINICAL MENTAL HEALTH COUNSELING program who were actively seeking employment?

0 10 20 30 40 50 60 70 80 90 100

Percentage



Do you have a second CACREP-accredited CLINICAL MENTAL HEALTH COUNSELING program with a concentration/emphasis?

☐ Yes

☒ **No**

Do you have a CACREP-accredited dually-titled CLINICAL REHABILITATION/CLINICAL MENTAL HEALTH COUNSELING program?

☐ Yes

☒ **No**

Do you have a CACREP-accredited CLINICAL REHABILITATION COUNSELING program?

☐ Yes

☒ **No**

Do you have a CACREP-accredited COLLEGE COUNSELING AND STUDENT AFFAIRS or STUDENT AFFAIRS AND COLLEGE COUNSELING program?

☐ Yes

☒ **No**

Do you have a CACREP-accredited MARRIAGE, COUPLE, AND FAMILY COUNSELING program?

☐ Yes

☒ **No**

Do you have a CACREP-accredited REHABILITATION COUNSELING program?

☐ Yes

☒ **No**

Do you have a CACREP-accredited SCHOOL COUNSELING program?

☐ Yes

☒ **No**

How many total applications were received for all of your MASTER'S LEVEL CACREP-ACCREDITED DEGREE PROGRAMS in the reporting period? If none, enter "0".

23 completed applications

Are you able to provide demographic information about students enrolled in your CACREP-accredited MASTER'S level COUNSELING program(s)?

☒ **Yes**

☐ No

Master's Student Demographics: Please provide the number of students currently enrolled in your CACREP-accredited master's level program(s) for each category below. If you are unable to answer for a particular category or do not have any students that identify with a particular category, please enter "0".

	Male	Female	Non-Binary/Gender Fluid
American Indian or Native Alaskan	1	0	0
Asian	0	0	0
Black	0	0	0
Hawaiian Native or Pacific Islander	0	0	0
Hispanic	0	2	0
Two or More	1	0	0
Unknown/Other	0	0	0
White	10	25	0
International Student	1	0	0
Active Duty Military	0	0	0
Veteran	1	2	0
With a Disability	0	4	0

Do you have a CACREP-accredited COUNSELOR EDUCATION AND SUPERVISION program?

- ☐ Yes
- ☒ No

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

☒ **Degree Program Name**

School Counseling; Student Affairs and College Counseling

☐ Certificate Program Name

☐ All degree programs are CACREP accredited

Are you able to provide demographic information about FULL-TIME faculty members in your academic counseling unit?

☒ **Yes**

☐ No

FULL-TIME Faculty Demographics: Please provide the number of full-time faculty members in your academic counseling unit for each category below. If you are unable to answer for a particular category or do not have any students that identify with a particular category, please enter "0".

	Male	Female	Non-Binary/Gender Fluid
American Indian or Native Alaskan	0	0	0
Asian	0	0	0
Black	0	0	0
Native Hawaiian or Pacific Islander	0	0	0
Hispanic	0	0	0
Two or More	0	0	0
Unknown/Other	0	0	0
White	3	3	0
Veteran	0	0	0
With a Disability	0	0	0

Please provide a name **and contact email address** of the person completing this survey. This address will be used if the CACREP office has any questions about the information provided in this survey.

Alison Boughn albough1@wsc.edu

Final comments? Please share them below:

REMINDER: Programs Evaluation Results (CACREP 2024 Standard 2.F.3) and Student Outcomes (CACREP 2024 Standard 2.E.2) must be made publicly available on your program's website. The information to be posted includes the following four data points regarding each of your accredited specialty areas: (a) number of graduates in the past year, (b) degree completion rate, (c) licensure or certification examination pass rate, and (d) combined employment and doctoral admissions rate of students/graduates.

Once your updated 2023-2024 data has been posted, send the website URL to cacrep@cacrep.org.

You will NOT receive a copy of your completed survey. Please click the arrow at the bottom of the page and download the PDF for your records.

☒ **I understand I need to download a copy of the completed survey for my own records**