



SUPPLEMENT KR1

This form is used to provide official verification of completion at least a master's degree level Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited school counseling program. It is to be completed by the dean or certification official in the college of education at a senior institution of higher education in Alabama, in another state, the District of Columbia, or U.S. Territory where the program was completed.

I. Personal Data: (TO BE COMPLETED BY THE APPLICANT. TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.)

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
()	()	()	<input style="width:100%;" type="text"/>		
Social Security Number	Date of Birth (mm-dd-yyyy)	ALSDE ID #			
- -	- -	- -			

NAME OF COLLEGE OR UNIVERSITY COMPLETING THIS FORM	LOCATION	DATES ATTENDED	DEGREE AND MAJOR
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

I hereby permit the release of information concerning my program completion to the Alabama State Superintendent of Education.

_____	_____
Date	Signature of Applicant

II. Verification Data: (TO BE COMPLETED BY THE DEAN OR CERTIFICATION OFFICIAL IN THE COLLEGE OF EDUCATION.)

- A. At the time of this student's matriculation, this institution ____was / ____was not accredited by one of the ALSDE accepted accrediting agencies.
- B. This student **COMPLETED** at least a master's degree level CACREP-accredited school counseling program on _____.
 Completion of this program required:
 a master's degree only **AND/OR**
 an educational specialist degree
- C. This student **DID NOT COMPLETE** a CACREP-accredited school counseling program at this institution.
- D. At the time of this student's program completion, this institution did not have a CACREP-accredited school counseling program.

_____ Signature of Dean of Education or Authorized Certification Official	_____ Name of Institution
_____ Typed or Printed Name	_____ Mailing Address
_____ Title	_____ City/State/ZIP Code
_____ Telephone	_____ Date

THE OFFICIAL SEAL OF THE INSTITUTION MUST BE AFFIXED TO THIS DOCUMENT. THE COMPLETED SUPPLEMENT KR1 IS TO BE FORWARDED BY THE INSTITUTION TO THE APPLICANT IN A SEALED ENVELOPE AND SHOULD NOT BE OPENED PRIOR TO SUBMISSION TO THE EDUCATOR CERTIFICATION SECTION. FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.