To complete your application packet, please assemble the following items:

- $30 Application Fee (check or money order made out to Salem College)  
  **Waived for Fall 2022!**
- Completed Application
- Salem College Honor Code
- CPL (Candidacy for Professional Licensure) Applicant Statement
- Practicum/Internship and Residency Requirement
- Recommendation Form
- Authorization for Release of Information and Records (background check). NOTE: The cost of the investigation will vary depending on your previous states of residency/former names; Investigative Associates will contact you once Salem faxes them the release form included in this packet.
  
  If you currently work in a K-12 school district, you may ask HR to send an email to Sheryl Long (sheryl.long@salem.edu) stating you are a current employee in the district and you successfully completed a background check as a condition of employment. In this case, you will not need another background check.
- Immunization Record
- Copy of Teaching License (if applicable)
- An official transcript indicating completion of a bachelor’s (four-year) degree, as well as transcripts from any institution at which you have completed post-baccalaureate work. Transcripts may be sent directly from the college or university. Note: If sent electronically, please send to Sheryl Long at the email address below. If sent through U.S. mail, please use the address below.
- Response to Writing Prompts (details on the last page of the application packet).

Please scan and email application materials to*:

Dr. Sheryl Long, Dean of Graduate & Professional Studies  
sheryl.long@salem.edu

Hard copy materials (e.g., transcripts) may be sent to:  
Department of Teacher Education and Graduate Studies  
Salem College  
601 S. Church Street  
Winston-Salem, NC 27101

*If needed, there are several free scanning apps you may download to your smartphone.
COVID-19 Vaccine Requirement

Salem College is requiring that all students be fully vaccinated for COVID-19.

To learn more about the COVID-19 vaccine requirement, visit our website at https://www.salem.edu/readystrong/healthsafety/covid-19-vaccine.
Master of Education (MEd):
School Counseling
Application

Date of Application: ____________________________

First Name:_________________________Middle/Maiden:_________________________Last Name: ____________________________

Social Security # ___________________________ Date of Birth: ____________________________

Current Address: _______________________________________________________________

City: ___________________________ County: ___________________________ State: _______ Zip: _____________

Home Email: ___________________________ Other Email: ___________________________

Home Phone: __________________ Work Phone: ____________________ Cell Phone: __________________

Gender:  □ Female  □ Male  Marital Status:  □ Single  □ Married  □ Other _________________

Citizenship:  □ US Citizen  □ Resident Alien  □ Non-Resident Alien

Native Language: ___________________________ Country of Birth: ___________________________

What is your state of permanent residence? _______________________________________________________

In what state will you reside while completing the program? ___________________________________________

In what State do you plan to be employed as a school counselor? _______________________________________

Please select one or more:  □ American Indian or Alaska Native  □ Native Hawaiian or Other Pacific Islander

□ Asian  □ White

□ Black or African American

Are you Hispanic or Latino?  □ YES  □ NO

Anticipated program start:  Fall 20______
**Educational Background:** List the colleges and universities that you have attended in reverse order along with the degrees and dates earned (if applicable). Please note that you must submit an official transcript from the institution that granted your bachelor’s degree, as well as one from any institution at which you have completed post-baccalaureate work.

<table>
<thead>
<tr>
<th>Name/Location of Institution</th>
<th>Dates Attended</th>
<th>Degree/ Major</th>
<th>Year Awarded</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Starting with your current position, list your work history.**

<table>
<thead>
<tr>
<th>Position Held</th>
<th>Company and Location</th>
<th>Dates Worked</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**List the teaching licenses/certifications currently held and submit a copy.**

<table>
<thead>
<tr>
<th>Type</th>
<th>Specialty Area(s)</th>
<th>State of Issue</th>
<th>Expiration</th>
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</thead>
<tbody>
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By completing this form, I am making application to the Master of Education School Counseling Program in the Department of Teacher Education and Graduate Studies at Salem College. I recognize that this is only an application and that I will not be considered officially admitted to the Master of Education School Counseling Program until I receive written notification. My signature on this document certifies that all information contained is—to the best of my knowledge—complete, correct, and true.

Applicant’s Signature

Date

Salem College welcomes qualified students regardless of race, color, national origin, sexual orientation, religion, or disability to all the rights, privileges, programs, and activities of this institution.

Salem College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097) to award bachelor’s and master’s degrees. Teacher and school counselor education programs are accredited by the National Council for the Accreditation of Teacher Education and are approved by the NC Department of Public Instruction.
Salem College
Department of Teacher Education and Graduate Studies
Honor Code and Registration Policy Statement

Please read and sign at the bottom to signify your intention to comply with the Salem College Honor Code and the registration policy. Submit this form with your application.

The Honor Tradition
The Honor tradition is a vital and unifying aspect of the Salem College community that encourages each member to ethical and responsible living. The Honor Code is upheld by the entire student body and stands on the principle of mutual respect. It is only as strong as the community that lives by it.

The Honor Tradition is long standing at Salem College and is highly respected by students, faculty, staff and administration. In keeping with its custom, each student assumes full responsibility for her/his actions in all phases of life at Salem. Such a tradition is only possible in a community that respects the individual and maintains a commitment to communication. Every student is responsible for encouraging other students to uphold the Honor Tradition.

The Honor Code
Salem College is a community of honor. I will show respect for my community by behaving with honesty, integrity and civility. As a responsibility to my honor community:

I. I will show respect for my classmates and faculty by maintaining honesty in my academic work and refraining from cheating.

II. I will show respect for my community and peers by maintaining integrity and honesty in my daily life and refraining from stealing and lying.

III. I will show respect for faculty, staff and members of the administration by maintaining civility and refraining from disruptive and abusive language and behavior.

I will acknowledge responsibility and accept the consequences of my actions. In choosing Salem College, I pledge to uphold the principles of the Honor Code and will cherish and guard its tradition.

Registration
I understand that I may add or drop a course any time from the opening of registration to the end of the Registrar’s Office business day on the last day of the drop/add period for a term (which for fall and spring terms is a one-week period as stated in the Term Schedules, and for the January term and summer terms is a shorter period of time as stated in those Term Schedules). I also understand that if I drop a class (or classes) after the last day of the drop/add period, I will owe for the class (or classes). If I have applied for financial aid for the term, I understand that I must inform the financial aid office if I decrease or increase the number of courses I have initially declared that I would be taking during the term.

Collection Agency Fees:
I understand and accept that if I fail to pay my account bill or any monies due and owing Salem College by the scheduled due date, and fail to make acceptable payment arrangements to bring my account current, Salem College may refer my delinquent account to a collection agency. I further understand that if Salem College refers my account balance to a third party for collection, a collection fee will be assessed and will be due in full at the time of the referral to the third party. The collection fee will be calculated at the maximum amount permitted by applicable law, but not to exceed (33.3%) of the amount outstanding. For purposes of this provision, the third party may be a debt collection company or an attorney. If a lawsuit is filed to recover an outstanding balance, I shall also be responsible for any costs associated with the lawsuit such as court costs or other applicable costs. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus.

Print Name

Signature

Date

Revised 1/31/2022
CANDIDATE FOR PROFESSIONAL LICENSURE (CPL)
APPLICANT STATEMENT

At the conclusion of your program, Salem College will recommend you to the North Carolina Department of Public Instruction for a professional school counseling license. In order to ensure that such licensure will be forthcoming, please answer each question regarding your past conduct.

If you answer “yes” to any question, attach a detailed written explanation. If you answer “yes” to any question relating to a court proceeding, a certified true copy of the court record must accompany this statement.

CRIMINAL
1. Are you on a child abuse registry or a sex offender registry of any kind? □ YES □ NO

2. Have you ever been, or are you currently being, investigated for alleged or suspected child abuse or neglect by any governmental agency? If yes, provide explanation and documentation. □ YES □ NO

3. Have you ever been convicted, pled guilty, or pled nolo contendere (no contest) to any criminal offense other than a minor traffic violation (criminal offense includes, but is not limited to a felony, a misdemeanor, or Driving While Impaired)? Please include any conviction, regardless of pardon. You must explain relevant circumstances in detail. NOTE: In response to this question, include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed: DWI, DUW, Failure to Stop in the Event of an Accident (hit and run), and Driving While License Revoked or Suspended (DWLR). If yes, provide explanation and documentation. □ YES □ NO

4. Have you ever received probation, deferred prosecution, or any type of pre-trial adjudication, including a PJC (prayer for judgment) other than for a minor traffic offense? NOTE: This question does not seek information about matters for which the records have been expunged by a court order. If yes, provide explanation and documentation. □ YES □ NO

5. Have you ever participated in a diversion program in lieu of prosecution? NOTE: This question does not seek information about matters for which the records have been expunged by a court order. If yes, provide explanation and documentation. □ YES □ NO

6. Have you ever been arrested, indicted, or otherwise charged with a crime other than for a minor traffic offense regardless of whether you were convicted or whether the charges were dropped? NOTE: This question does not seek information about matters for which the records have been expunged by a courts order. If yes, provide explanation and documentation. □ YES □ NO

7. Are you currently named in a pending criminal charge, indictment or special presentment of any offense other than for a minor traffic violation? (Special Presentment is used in some jurisdictions to charge an individual with a crime.) If yes, provide explanation and documentation. □ YES □ NO

PROFESSIONAL LICENSING
8. Have you ever had a professional certificate, credential, or license of any kind revoked or suspended, or surrendered one prior to its expiration? If yes, provide explanation and documentation. □ YES □ NO

9. Have you ever been reprimanded, censured, placed on probationary status or suspended by a licensing board, commission or agency for any alleged misconduct or alleged violation of professional standards of conduct? If yes, provide explanation and documentation. □ YES □ NO

10. Are there any pending adverse actions or investigations against you relating to a professional certificate, credential, or license in North Carolina, any other state or country? If yes, provide explanation and documentation. □ YES □ NO

Revised 1/31/2022
11. Have you ever been denied a professional license for which you applied? If yes, provide explanation and documentation. □ YES □ NO

12. Have you ever been granted a professional license on a conditional or probationary basis for any alleged misconduct or alleged violation of professional standards of conduct? If yes, provide explanation and documentation. □ YES □ NO

13. Have you ever been disciplined by any board, commission, or agency responsible for licensure of any kind including, but not limited to, educational licensure? If yes, provide explanation and documentation. □ YES □ NO

**EMPLOYMENT**
For purposes of this statement, “misconduct” means the following:
- Conviction of a crime other than a minor traffic offense
- Use of excessive or inappropriate force against a minor that causes an observable physical injury
- Inappropriate interaction with a student of a sexual or romantic nature
- Theft, embezzlement or fraud related to school funds or property
- Illegal use of weapons or firearms on school property or at school-sponsored events
- Use of drugs or alcohol involving students
- Violation of the State Testing code
- Violation of the Code of Ethics
- Excessive use of alcohol or nonmedical use of a controlled substance as defined in Article 5 of Chapter 90 of the General Statutes, provided that there is a reasonable and adverse relationship between the underlying conduct and the continuing ability of the person to perform any of his/her professional functions in an effective manner

14. Have you ever been dismissed from employment by a school or school system for any reason, or been dismissed or had a contract non-renewed or non-extended by any employer for reasons of misconduct as defined above? (Non-extended means a contract or term of employment was not renewed.) If yes, provide explanation and documentation. □ YES □ NO

15. To your knowledge, have you ever had a disciplinary suspension, resigned, or been non-renewed or dismissed following allegations of behavior for misconduct related to your employment or arising out of your employment? **NOTE:** This question does not seek information about any suspension with pay or administrative leave for which the records have been removed from your Central Office personnel file. If yes, provide explanation and documentation. □ YES □ NO

16. Have you ever been, or are you currently being, investigated or charged by a licensing board, commission or agency with a violation of a Professional Code of Ethics or any similar code of conduct? If yes, provide explanation and documentation. □ YES □ NO

**MILITARY SERVICE**
17. Have you ever served in the armed services? □ YES □ NO
If yes, indicate dates of service: from _______________________________ to _______________________________ (DD/MM/YYYY)

18. Was your discharge honorable? □ YES □ NO
If yes, provide documentation. If not, state what your service characterization was and why.

19. Were you ever the subject of court martial charges, non-judicial punishment or otherwise disciplined while in the armed forces? If yes, provide explanation and documentation. □ YES □ NO

**OATH**
I hereby certify that the information submitted on or relating to this statement is true and correct. I grant the Department permission to check civil or criminal records to verify a statement made on this statement. I give the Department
permission to request and obtain previous employment records to verify the above statements. I understand that any misstatement or omission of information may subject me to disqualification, revocation, and/or any other disciplinary action.

ETHICS STATEMENT
I hereby acknowledge that I have read, understand and agree to abide by the Code of Ethics for North Carolina Professional Educators and North Carolina Standards of Professional Conduct. 16 NCAC 6C.0601 and 16 NCAC 6C.0602 (available online or in the Office of Teacher Education and Graduate Studies). Also, I hereby acknowledge that I have read, understand and agree to abide by the American School Counselor Association Ethical Standards for School Counselors (available online or in the Office of Teacher Education and Graduate Studies).

Print Name

Signature

Date

NC Department of Public Instruction
Licensure Section
301 North Wilmington Street
Raleigh, NC

Revised 1/31/2022
Practicum/Internship and Residency Requirement

The MEd School Counseling program may be completed primarily online. However, there are mandatory “real time” scheduling commitments during the program:

**Residential Weekends** - students are required to attend two residential weekends on Salem College’s campus in Winston-Salem, NC, during the second academic year. One residency will take place in fall (October or November), and one will take place in spring (April). Both residencies will be scheduled from 8:00am to 5:00pm, Saturday and Sunday. All students are expected to drive/fly in and secure their own lodging for the residential weekends.

**Practicum and Internship** - students are required to complete a Practicum and Internship during the third academic year. Practicum and Internship take place in public elementary, middle and/or high school settings under the supervision of licensed professional school counselors and Salem College faculty. Practicum takes place in the fall and includes a minimum of 100 total hours on site (an average of 7 hours per week for 15 weeks). Internship will be completed during the remainder of fall (if you exceed 100 hours) and the following spring and includes a minimum of 600 total hours on site (an average of 40 hours per week for 15 weeks). Practicum and Internship are generally completed in your area of residence, however, please note Salem College cannot guarantee a placement within your preferred school district and/or school.

I understand that I must complete two residential weekends, in addition to 100 hours of Practicum and 600 hours of Internship, as requirements for the MEd School Counseling program.

Print Name  

Signature  

Date  

Print Name  

Signature  

Date 

Revised 1/31/2022
MEd in School Counseling
Recommendation Form

Applicants, please list names, email addresses and relationship for two individuals who know your academic and professional abilities well (e.g., employer/supervisor, college professor, person in the teaching or helping professions, etc.).

1. Name of recommender: __________________________________________________________
   
   Email Address: __________________________________________________________________
   
   Relationship to applicant: _______________________________________________________

2. Name of recommender: _________________________________________________________
   
   Email Address: __________________________________________________________________
   
   Relationship to applicant: _______________________________________________________

I waive my right to see this letter of recommendation:

Applicant’s signature ________________________________ Date ________________
Dear Candidate:

A complete background check is an important part of the application process for admission to the Department of Teacher Education and Graduate Studies at Salem College. The College has partnered with our firm to complete that investigation for you. The first step of this process involves your prompt completion of the attached Authorization for Release of Information. You may either fax or mail the form to our firm. Because the cost of your investigation will vary depending on the number of states of residence and the number of names you have had, we will contact you regarding a specific payment amount for your investigation once we have processed this initial Authorization for Release of Information; however, we will not begin your investigation until we have received your payment.

Be aware that some states require additional forms and/or fingerprint cards to be submitted in order to obtain the necessary background information. If you have lived in any of these states, we will advise you on the additional steps to complete the requirements for each.

Please ensure that you have completed the attached Authorization for Release of Information in its entirety (including a daytime telephone number and email address) prior to submitting it to us. The estimated time to complete your background investigation is approximately two weeks, so timely completion of this process is essential! You will not be fully admitted to the Department of Teacher Education and Graduate Studies until your background check has been completed.

To ensure the credibility of the report for the receiving institution we will submit your report to Dr. Sheryl Long, Director of Teacher Education and Graduate Studies at Salem College. She will forward your report as you direct her. If you have any questions, please do not hesitate to contact Dr. Long or our offices.

Sincerely,
Investigative Associates and Consultants
AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS

I, ________________________________, understand that in consideration of my application, an investigation will be conducted. I authorize Salem College, through its agent, Investigative Associates & Consultants, Inc., to conduct such an investigation which may include, but not be limited to, the gathering of information regarding verification of prior employment, references, consumer credit history, driving history, and any criminal history which may be in files of any state, federal, or local criminal justice agencies. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation. I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>(Birth) Middle</th>
<th>Social Security #</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Maiden, and other names used
(If married less than 7 years)

<table>
<thead>
<tr>
<th>Driver’s license #</th>
<th>State</th>
<th>Sex</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

(Applicant’s Telephone Number)

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<thead>
<tr>
<th>Email</th>
<th>Yr</th>
<th>Mo</th>
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<tbody>
<tr>
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<td></td>
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</table>

Present Address

<table>
<thead>
<tr>
<th>City/State</th>
<th>Zip/County</th>
<th>How long?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

List all other addresses used for the past 7 years - use additional page(s) if needed.

Previous Address

<table>
<thead>
<tr>
<th>City/State</th>
<th>Zip/County</th>
<th>How long?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Previous Address

<table>
<thead>
<tr>
<th>City/State</th>
<th>Zip/County</th>
<th>How long?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

If you have lived in the following states within the last seven years; Alabama, Arkansas, District of Columbia, Idaho, Iowa, Massachusetts, Minnesota, New Hampshire, New Jersey, South Dakota, or Virginia, you will be asked to complete an additional form at the time of your interview.

If you have lived in Delaware, Nevada, Ohio, South Dakota, West Virginia or Wyoming, you will need to obtain the appropriate fingerprint card(s) at the time of your interview.

A telephone facsimile or photographic copy of this authorization shall be as valid as the original.

_____________________________ Date

Applicant’s Signature

SALEM COLLEGE USE ONLY

.CRIMINAL .DMV .SS# VERIFICATION .CREDIT REPORT .EDUCATION CREDENTIALS

Recruiter: ________________________________ Date Faxed: ________________________________

Investigative Associates & Consultants, Inc. (336) 768-7040 Telefax: (336) 768-2728 E-mail: info@iacinvestigations.com
IMMUNIZATION RECORDS

NAME: LAST_______________________________ FIRST____________________________ MI__________

DATE OF BIRTH: _____/_____/_____

<table>
<thead>
<tr>
<th>REQUIRED IMMUNIZATIONS</th>
<th>MM/DD/YY</th>
<th>MM/DD/YY</th>
<th>MM/DD/YY</th>
<th>MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP or TD (primary series)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tdap booster (within the last 10 years)</td>
<td></td>
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<td></td>
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<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (after first birthday)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Measles (after first birthday)</td>
<td></td>
<td></td>
<td>*Disease date not accepted.</td>
<td>*Titer date &amp; result:</td>
</tr>
<tr>
<td>**Mumps</td>
<td></td>
<td></td>
<td>*Disease date not accepted.</td>
<td>*Titer date &amp; result:</td>
</tr>
<tr>
<td>**Rubella</td>
<td></td>
<td></td>
<td>*Disease date not accepted.</td>
<td>*Titer date &amp; result:</td>
</tr>
<tr>
<td>Hepatitis B (if born AFTER July 1, 1994)</td>
<td></td>
<td></td>
<td></td>
<td>*Titer date &amp; result:</td>
</tr>
<tr>
<td>Varicella (chicken pox) one dose or immunity by positive blood titer (if born ON or AFTER April 1, 2001)</td>
<td></td>
<td></td>
<td>*Disease date:</td>
<td>*Titer date &amp; result:</td>
</tr>
<tr>
<td>COVID-19 vaccination (vaccine manufacturer must be approved by CDC or WHO)</td>
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<td></td>
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<tr>
<td>COVID-19 booster (optional)</td>
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<td></td>
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</tr>
<tr>
<td>TB Risk Assessment form must be completed, by student, on pages 3-4</td>
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</tr>
</tbody>
</table>

**Titer** date & result required. *Disease date not accepted.*
**Must repeat Rubeola (measles) vaccine if received even one day prior to 12 months of age. Disease date not accepted after January 1, 1994. Only laboratory proof of immunity to rubella or mumps disease is acceptable if the vaccine is not taken.**

Physician Signature or Clinic Stamp Required: ________________________________

Print Name of Physician: __________________________________ Date:________________________

Office Address: _______________________________ Phone:(____)____________________________

---

**TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE**

Name: _____ Last: __________________ First: __________________
Middle:________________________

Date of birth: _____/_____/_____

1. Are you from or have you lived for two months or more in Africa, Asia, Central or South America, or Eastern Europe:
   - No
   - Yes
     - If yes, list countries _________________________________

2. Have you been diagnosed with a chronic condition that may impair your immune system?
   - No
   - Yes: If yes, check all that apply:
     - Chronic steroid use
     - Gastrectomy/intestinal bypass
     - Diabetes mellitus
     - HIV infection
     - Crohn’s disease
     - Dialysis/Renal failure
     - Cancer of the head or neck
     - Rheumatoid arthritis
     - Chronic malabsorption syndromes
     - Silicosis Use of TNF-α antagonist
     - Low body weight (10% or more below ideal)
     - Leukemia, Lymphoma or Hodgkin’s disease
     - Other:________________________

3. Have you ever resided, worked, or volunteered in any of the following facilities?
   - No
   - Yes: If yes, check all that apply:
     - Prison
     - Hospital
☐ Nursing home/Long term care facility
☐ Homeless shelter
☐ Other ______________________________

4. Do you currently have any of the following symptoms?
☐ No
☐ Yes: If yes, check all that apply:
☐ Cough > 3 weeks
☐ Unexplained fever
☐ Chest pain
☐ Chills
☐ Productive cough (coughing up something)
☐ Night sweats
☐ Respiratory difficulty (shortness of breath)
☐ Loss of appetite
☐ Coughing up blood
☐ Unexplained weight loss
☐ Fatigue
☐ Weakness

5. Have you ever had contact with a person known to have active tuberculosis?
☐ No
☐ Yes

6. Have you ever used injection drugs?
☐ No
☐ Yes

7. Have you had a tuberculin skin test before?
☐ No
☐ Yes: If yes, list where given (attach results)___________________________
   Date___/___/___

_The information above is true and complete to the best of my knowledge, and I am aware that deliberate misrepresentation may jeopardize my health. I understand that this information is confidential and will not be released without my knowledge and written permission._

Signature of Student or Guardian: ______________________________

Date:___________________
MEd in School Counseling
Writing Prompts

Please respond to each of the writing prompts below. Please type the question at the top of the document and format with double-spacing, 12-point font and at least one-inch margins. The response to each prompt should be 250-500 words. Keep in mind that we consider these statements representative of the quality of your potential work in the program.

Prompt #1: There are many career paths in counseling and education. Why have you chosen to pursue a career in school counseling, and why have you chosen to apply to Salem College’s program?

Prompt #2: Discuss the personal challenges you imagine facing and the rewards you imagine receiving while working within culturally diverse schools in your training as a school counselor.