



## Master of Education (MEd): School Counseling Application Checklist

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 Meredith Robbins ([meredith.robbins@salem.edu](mailto:meredith.robbins@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 Meredith Robbins 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\*:

Meredith Robbins, Administrative Support  
[meredith.robbins@salem.edu](mailto:meredith.robbins@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>.

<b>GRADUATE STUDIES OFFICE USE ONLY</b>										
Application	Transcript	GPA	UG Major	Honor Statement	CPL Statement	Writing Sample				
Fee Paid	Check Number	rec	rec	Background Sent	Background Received	Immunization Record				
Copy of License(s)	License Area(s)									
Total Score Grad Admission Rubric 1	Total Score Grad Admission Rubric 2		GEC							
ADMISSION DECISION			Full	Provisional	Decline	/	/	Date		



**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.

Name/Location of Institution	Dates Attended	Degree/ Major	Year Awarded

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

Position Held	Company and Location	Dates Worked

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

Type	Specialty Area(s)	State of Issue	Expiration

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.

I understand that I am financially responsible for the payment of my tuition costs due to Salem College. If payment obligation is not fulfilled by the time I have been informed that it is finally due, I agree to pay all cost of collection, including attorney fees. If I do not attend class and I do not drop the class (by completing a drop card, available in the Department of Teacher Education and Graduate Studies office), I understand that I will owe the full tuition for the class. Also, I understand that my name remains on the class roster until I officially drop the class.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## 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

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**





## Master of Education (MEd): School Counseling

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### 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:

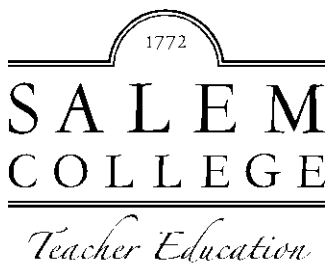
**Residential Weekends** - students are required to attend two residential weekends on Salem College's campus in Winston-Salem, NC, during the second academic year. One residency will take place in fall (October or November), and one will take place in spring (April). Both residencies will be scheduled 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 \_\_\_\_\_



**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 \_\_\_\_\_



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Suite D  
Winston-Salem, NC 27103

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Edward H. Musselwhite  
Investigative Consultant  
NCPPSB License # 1004

Joanna S. Morton  
Research Consultant

Kim C. Minor, CPP  
Investigative Consultant  
NCPPSB License # 3360

Lisa M. Shelton  
Research Consultant

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.**

Last <small>(Please print Full Name – Do not use initials)</small>	First	(Birth) Middle	Social Security #	Mo.	Day	Yr
			Date of Birth			
Maiden, and other names used <small>(If married less than <u>7</u> years)</small>			Driver's license #	State	Sex	Race
(Applicant's Telephone Number)			Email			

Present Address	City/State	Zip/County	Yr	Mo
			How long?	
<b>List all other addresses used for the past 7 years - use additional page(s) if needed.</b>				
Previous Address	City/State	Zip/County	Yr	Mo
			How long?	
Previous Address	City/State	Zip/County	Yr	Mo
			How long?	

**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.**

Applicant's Signature	Date
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**SALEM COLLEGE USE ONLY**

\_\_\_ CRIMINAL \_\_\_ DMV \_\_\_ SS# VERIFICATION \_\_\_ CREDIT REPORT \_\_\_ EDUCATION CREDENTIALS

**Recruiter:** \_\_\_\_\_ **Date Faxed:** \_\_\_\_\_



As part of the application process, all graduate students will be required to submit documentation showing appropriate immunizations. The *Guidelines for Completing the Immunization Record* (attached) can also be obtained online, in the office of Teacher Education and Graduate Studies, or in the Health Center. Documentation of immunization may be delivered in person, by mail, or faxed to the Health Center.

Salem College  
Health and Counseling Center  
601 S. Church Street  
Winston-Salem, NC 27101  
336.721.2713 (phone) 336.917.5763 (fax)

The Health and Counseling Center is located in the basement of Clewell Residence Hall. Staff is available to accept immunization records and to answer questions Monday through Friday from 8:30 a.m. to 12:00 noon and from 1:00 pm to 4:00 pm

The completed immunization record must be on file in the Office of Health Services PRIOR TO the start of classes. If immunization records are not on file within 30 days of the first day of class, you will be removed from class. If you do not have a copy of your immunization record, contact your previous high school or college, your personal physician, a hospital emergency room where you may have received a tetanus booster, military records, local health department, or your parents. *Please be mindful that medical records (including those from high school transcripts) are only valid if they contain the student's name, a parent's name, student's date of birth, and a physician's or health clinic's / department's name.*

If, after checking all possible resources, you determine that you will need to get immunizations, go to your County Health Department and tell them you need the immunizations necessary to satisfy a COLLEGE IMMUNIZATION REQUIREMENT. It is very helpful if you take the *Guidelines for Completing Immunization Record* form along with any records that you have located. Forsyth County Health Department has Immunization clinics with no appointment necessary. You can call 703-3100 regarding clinic days and times. Immunizations can also be obtained through Passport Health Triad at 2805 Lyndhurst Ave., Winston-Salem: 768-0717.

## *Guidelines for Completing Immunization Record GRAD*

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Date Of Enrollment: \_\_\_\_\_ Student ID# \_\_\_\_\_

### Student Age- Vaccine & Dose(s) Requirements

#### ***Students born in 1957 or later- July 1, 1994***

<b>DTP or Td</b>	<b>Polio</b>	<b>Measles</b>	<b>Mumps</b>	<b>Rubella</b>	<b>Hep B</b>
<b>3</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>

#### ***Students born before 1957***

<b>DTP or Td</b>	<b>Polio</b>	<b>Measles</b>	<b>Mumps</b>	<b>Rubella</b>	<b>Hep B</b>
<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	mo./day/year (#1)	mo./day/year (#2)	mo./day/year (#3)	mo./day/year (#4)	mo./day/year (#5)
<b>DTP or Td</b>					
<b>Td Booster</b>					
<b>Tdap</b>					
<b>Polio</b>					
<b>MMR (After 1<sup>st</sup> Birthday)</b>					
<b>Measles (After 1<sup>st</sup> Birthday)</b>			Disease Date	Titer Date & Result	Titer Date & Result
<b><i>Mumps</i></b>			Disease Date Not Accepted	Titer Date & Result	Titer Date & Result
<b>Rubella</b>			Disease Date Not Accepted	Titer Date & Result	Titer Date & Result
<b>Hep B</b>				Titer Date & Result	Titer Date & Result

DTP ( Diphtheria, Tetanus, Pertussis) Td ( Tetanus, Diphtheria) Tdap (Tetanus, Diphtheria, Pertussis): One Td booster dose within the last 10 years. Those individuals enrolling in college on or after July 1, 2008 **MUST** have had three doses of Tetanus/Diphtheria toxoid and a booster dose of Tetanus/Diphtheria/Pertussis vaccine if a Tetanus/Diphtheria toxoid or Tetanus/Diphtheria/Pertussis vaccine has not been administered within the past **5 years**.

Measles: One dose on or after 12 months of age, second at least 30 days later.

MUMPS: Two Mumps doses if entering college for the first time after 7/1/1994.

Rubella: One dose on or after 12 months of age

Hep B: Not required if you were born before July 1, 1994

**Please attach Record of Immunization or provide a physician's signature**

\_\_\_\_\_

Physicians Signature

\_\_\_\_\_

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.