

## Appendix C

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

<b>Specialization Area Options</b>			
<b>ALCOHOL &amp; DRUG COUNSELING – 9 credits: All of the following courses</b>			
<b>Semester Taken</b>			
PC	542	Treatment in Alcohol and Drug Abuse	
PC	544	Advanced Alcohol and Drug Counseling	
PC	510	Community Counseling and Social Justice	
<b>SPIRITUALITY &amp; COUNSELING – 9 credits: At least three of the following courses</b>			
PC	517	Counseling and Religion	
PC	521	Spirituality and Counseling	
PC	522	Self-Exploration: Body, Mind, Spirit	
PC	535	Courageous Connections	
PC	650/651	Transformational Travel for Counselors Multicultural International Immersion	
<b>RELATIONSHIP &amp; FAMILY COUNSELING– 9 credits: All of the following courses</b>			
PC	528	Family Counseling	
PC	533	Couples and Relationship Counseling	
PC	516	Counseling and Sexuality	
<b>ECOTHERAPY –9 credits: All of the following courses</b>			
PC	502	Ecotherapy; Counseling in the Natural World	
PC	595 or 680	Practicum or Internship in Ecotherapy	
PC	504	Adventure Based Ecotherapy	
<b>CHILD AND PLAY THERAPY – 12 credits: All of the following courses</b>			
	PC 524	Counseling Children and Adolescents	
	PC 672	Advanced Theory in Play Therapy	
	PC 673	Advanced Techniques in Play Therapy	
	PC 674	Play Therapy for Children at Risk	

I have completed the above courses and I am requesting the department to issue a specialization area certificate.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

As the student's advisor, I certify that I verified the above information.

Advisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chair's Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Transcript or degree audit showing completion of above courses must be attached.**