

COUNSELOR LICENSURE RECOMMENDATION FORM

CIRCLE ONE

PRELIMINARY

RESTRICTED

TO BE COMPLETED BY APPLICANT

Name (First, Middle, Last) _____ **Date of Birth** _____

Previous Name(s) _____ **Social Security Number** _____

Mailing Address _____

Telephone _____ **Email** _____

Internship Sites (Location & Term)

Date of Program Completion for Current Request _____

TO BE COMPLETED BY OSU LICENSURE FACULTY PERFORMING EVALUATION

Civil Rights Score _____ **Date Taken** _____

Orals or Exam Passed _____ **½ Program Completed (Restricted Counselor Only)** _____

Competencies Portfolio Completed _____

Additional Comments _____

Licensure Faculty Verification Signature _____ **Date** _____

Fee Received _____