



DEPARTMENT OF EDUCATION

Townsend Building
 401 Federal Street Suite 2
 Dover, Delaware 19901-3639
 DOE WEBSITE: <http://www.doe.k12.de.us>

Susan S. Bunting, Ed.D.
 Secretary of Education
 Voice: (302) 735-4000
 FAX: (302) 739-4654

FORM C

VERIFICATION OF SCHOOL COUNSELING CLINICAL EXPERIENCE

FAXED COPIES WILL NOT BE ACCEPTED

Effective January 1, 2017, pursuant to Delaware Administrative Code Regulation 1522 and Regulation 1545, candidates seeking school counselor certification must complete school counseling clinical experience under the direct supervision of a State Department of Education certified school counselor (<http://regulations.delaware.gov/AdminCode/title14/1500/index.shtml#TopOfPage>).

The required number of clinical experience hours is as follows:

- 700 hours at the elementary OR secondary level for single level certification.
- 350 hours at the elementary level AND 350 hours at the secondary level for dual certification.
- Certified school counselors seeking certification at an additional level must complete 350 hours at the desired level.

Applicant: Complete this section only before forwarding this form to the Chair of the School Counseling Program you attended.

NAME (Last, First, Middle, Maiden):		Social Security #:
ADDRESS:	CITY:	STATE/ZIP:
COLLEGE/UNIVERSITY NAME:		GRADUATION DATE:
DESIRED CERTIFICATION: <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Dual </div>		
APPLICANT SIGNATURE:		DATE:

School Counseling Program Chair: Please verify the school counseling clinical experience for the applicant listed above by completing page 2 of this form.

To be completed by the School Counseling Program Chair (add lines as needed):

DATES:		SCHOOL & LOCATION	SUPERVISING COUNSELOR (NAME)	GRADE LEVEL(S)	# OF HOURS COMPLETED
FROM (M/D/Y)	TO (M/D/Y)				
			STATE CERTIFIED: YES NO		
			STATE CERTIFIED: YES NO		
			STATE CERTIFIED: YES NO		

Print Name & Title of Program Chair:	Signature:	Date:
College/University Name & Address:		Phone #:

COMPLETED FORMS MAY BE EMAILED OR SENT BY U.S. MAIL

Forms may be submitted by one of two methods:

- 1) Email the form *directly* from a college/university affiliated email address (e.g.: Susan.Smith@ABCcollege.edu) via the DEEDS email at deeds@doe.k12.de.us.
- 2) Mail the form *directly* from the college/university to the address below. Do not use the address on the front side of this form. Only documentation received in a sealed envelope from the college/university will be accepted.

Delaware Department of Education
 Licensure & Certification
 35 Commerce Way, Suite 1
 Dover, DE 19904