





















**Degrees and Completed Certifications**

List your degrees from accredited colleges and universities. Please note that a master’s degree (or comparable professional experience) is required. See rubric on page 3. A copy of your highest degree, or transcript of coursework, should be sent with these materials.

Name of Institution 1

City  State  Zip

Degree  Month/Year  Academic concentrations

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Name of Institution 2

City  State  Zip

Degree  Month/Year  Academic concentrations

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Name of Institution 3

City  State  Zip

Degree  Month/Year  Academic concentrations

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Name of Institution 4

City  State  Zip

Degree  Month/Year  Academic concentrations

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**Additional coursework in relevant subjects**

List courses (beyond your degrees and certifications) that you have taken to maintain and improve the quality of the professional services that you provide. Coursework must be from accredited colleges or universities. (Attach additional pages if necessary.)

Course Title	Number of Credits	College/University
<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Attendance at Relevant Workshops, Programs, Institutes, Webinars, Etc.**

List here webinars, programs, institutes and workshops you have attended in the past five years to maintain or improve the quality of counseling or consulting services you provide. **Conference attendance is listed below.** (Attach additional pages if necessary.)

<input type="text"/>	<input type="text"/>
Hours in sessions	Title of conference/webinar/institute/workshop
<input type="text"/>	<input type="text"/>
Dates	Sponsoring Organization
<input type="text"/>	<input type="text"/>
Hours in sessions	Title of conference/webinar/institute/workshop
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Dates	Sponsoring Organization
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Hours in sessions	Title of conference/webinar/institute/workshop
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Dates	Sponsoring Organization
<input type="text"/>	<input type="text"/>
Hours in sessions	Title of conference/webinar/institute/workshop
<input type="text"/>	<input type="text"/>
Dates	Sponsoring Organization

**Conference attendance**

List conferences or conventions you have attended in the last five years that you believe are relevant to your certification as an educational planner. Do **not** include any programs listed elsewhere. (Attach additional pages if necessary.)

<input type="text"/>	<input type="text"/>
Number of Days Attended	Conference/Convention 1
<input type="text"/>	<input type="text"/>
Dates	Sponsoring Organization
<input type="text"/>	<input type="text"/>
Number of Days Attended	Conference/Convention 2
<input type="text"/>	<input type="text"/>
Dates	Sponsoring Organization
<input type="text"/>	<input type="text"/>
Number of Days Attended	Conference/Convention 3
<input type="text"/>	<input type="text"/>
Dates	Sponsoring Organization
<input type="text"/>	<input type="text"/>
Number of Days Attended	Conference/Convention 4
<input type="text"/>	<input type="text"/>
Dates	Sponsoring Organization
<input type="text"/>	<input type="text"/>
Number of Days Attended	Conference/Convention 5
<input type="text"/>	<input type="text"/>
Dates	Sponsoring Organization

**Licensure, Certification, Other Education**

List all relevant professional licenses, certifications, registrations, other education pertinent to your work. Please include copies of current licensures or certifications and note when each expires. Include certifications in the administration of assessment tools such as the Myers-Briggs and the Strong Inventory Assessment. (Attach additional pages if necessary.)

Licensure/Certification 1

Licensure/Certification 2

Licensure/Certification 3

**Individual Educational Planning**

If you are now (or have previously been) an Independent Educational Consultant (IEC) or a school/program counselor, please answer the following:

Name of business/school

Dates of operation

Address

Types of services provided

**Employment History**

Aside from items listed above, and beginning with your current or most recent position, please list all positions you have held that you feel are relevant for this application. (Attach additional pages).

Name of institution/company 1

Dates Held

City

State

Zip

Position

Supervisor

Phone

Brief description of primary responsibilities:

Name of institution/company 2

Dates Held

City

State

Zip

Position

Supervisor

Phone

Brief description of primary responsibilities:

**Membership in Professional Associations**

List your memberships in relevant educational and professional associations or organizations and include any leadership positions you have held. (Attach additional pages if necessary)

Organization 1	Dates of membership
<input type="text"/>	<input type="text"/>

Leadership position held

Organization 2	Dates of membership
<input type="text"/>	<input type="text"/>

Leadership position held

Organization 3	Dates of membership
<input type="text"/>	<input type="text"/>

Leadership position held

Organization 4	Dates of membership
<input type="text"/>	<input type="text"/>

Leadership position held

**Writings/Publications/Podcasting**

List and describe any published books, chapters, monographs, articles, podcasts, blogs and similar substantive materials you have written that are relevant to your professional work as an educational planner in the space below. (Attach additional pages if necessary.)

**Speaking or Moderating**

List those times you have been a speaker, moderator or workshop leader on topics pertinent to the field of educational planning. Indicate the length of the session, not including preparation time. Please do not include presentations that are primarily networking or marketing opportunities. (Attach additional pages if necessary).

**Sponsor organization 1** Date (if repeated, please list all dates)  
   
Title of presentation Number of Hours  
   
Type of Presentation (check one): Solo speaker [  ] Panel Participant [  ] Moderator [  ] Webinar [  ]  
Audience and approximate number of attendees

**Sponsor organization 2** Date (if repeated, please list all dates)  
   
Title of presentation Number of Hours  
   
Type of Presentation (check one): Solo speaker [  ] Panel Participant [  ] Moderator [  ] Webinar [  ]  
Audience and approximate number of attendees

**Sponsor organization 3** Date (if repeated, please list all dates)  
   
Title of presentation Number of Hours  
   
Type of Presentation (check one): Solo speaker [  ] Panel Participant [  ] Moderator [  ] Webinar [  ]  
Audience and approximate number of attendees

**Supervising, Mentoring, and Volunteer Service**

List relevant volunteer leadership roles in community service activities or with community organizations, or any mentoring you have done. Please do not duplicate information given elsewhere. (Attach additional pages if necessary).

**Project or Organization 1** Dates  
   
Your role

**Project or Organization 2** Dates  
   
Your role

**Project or Organization 3** Dates  
   
Your role

**Other RELEVANT Professional Experiences**

Please list below any other significant experiences or achievements that you believe are important to the Commission’s assessment of you as a candidate for the credential of Certified Educational Planner. These might include awards or honors you have received, relevant programs or events you have organized, consulting you have done with institutions, relevant courses you have taught or any extenuating circumstances you believe are relevant for appropriate consideration of your application. Please attach additional pages if necessary.

**Limits of Expertise**

Give a couple of examples of potential situations in which you might feel you have reached the limits of your expertise and for which you would seek assistance from, or make a referral to, another professional. Please attached additional pages if necessary.

**Case Study**

Select a student with whom you have worked in the past three years. **On a separate page**, please outline the student’s academic and personal profile, interests, issues, parents’ parameters and any other relevant information. Describe your process in working with this student (and family). Please focus on the major elements of the case. You should be able to accomplish this in 3-4 paragraphs. Finally, list the colleges/schools/programs you suggested to the student and explain why you felt they were particularly good matches for the student. If you care to share outcomes, please feel free to do so.

# GUIDELINES FOR PROFESSIONAL SITE VISITS

## - College/School -

**For educational consultants and educational planners specializing in college and/or traditional school placements (domestic and/or international):** These may include placements in universities, colleges, day schools, boarding schools, vocational programs, summer programs, and gap programs. Please list 30 colleges, schools, or programs you visited in-person or virtually (for visit equivalents) in the last five years.

### Visit Equivalency Guidelines:

- Online institutional update sessions of 60 minutes or more
- Online institutional-hosted webinars of 60 minutes or more
- Counselor reception hosted by one or more colleges, school, or other traditional post-secondary programs where each program presents for 60 minutes or more.
- Regional group of educational consultants/planners hosting a college(s), school(s) or other traditional post-secondary program. Each represented institution's presentation must be 60 minutes or more.

### Criteria:

- 2 briefings, update sessions, webinars, hosted events = 1 Visit Equivalent
- A minimum of 28 in-person on-site visits are required, therefore 4 virtual visits (2 Visit Equivalents) are accepted.

List the name and date of each evaluative visit, information session or reception

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# GUIDELINES FOR PROFESSIONAL SITE VISITS

## - Neurodiverse/Therapeutic -

### **For educational consultants and educational planners specializing in neurodiverse or therapeutic placements:**

These may include placements in In-patient psychiatric hospitals, Partial Hospitalization Programs (PHP), Intensive Outpatient Programs (IOP), Residential Treatment Centers, Therapeutic Boarding Schools, Young Adult Programs, and Wilderness Programs. Please list 30 schools/programs you visited in the last five years about which you feel comfortable writing. Virtual visits may count towards a Visit Equivalent.

### **Visit Equivalency Guidelines:**

- Online institutional update sessions of 60 minutes or more
- Online institutional-hosted webinars of 60 minutes or more
- Counselor reception hosted by one or more programs or schools where each program presents for 60 minutes or more
- Regional group of educational consultants hosting a therapeutic programs(s) where each program presents for 60 minutes or more

### **Criteria:**

- 2 briefings, update sessions, webinars, hosted events = 1 Visit Equivalent
- A minimum of 28 in-person on-site visits are required, therefore 4 virtual visits (2 Visit Equivalents) are accepted.

List the name and date of each evaluative visit, information session or reception

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# REFERENCES

During the evaluation process, it is often helpful for us to speak with professional colleagues of candidates. Please list three professional references (CEPs, supervisors, independent educational consultants or other professional colleagues) who can comment on your current educational counseling or counseling skills, your character and your ethical standards. Clients, either paying or *pro bono*, are not acceptable references.

**Name of reference 1**

Title

Business/institution name

Professional relationship

Phone number

Email Address

**Name of reference 2**

Title

Business/institution name

Professional relationship

Phone number

Email Address

**Name of reference 3**

Title

Business/institution name

Professional relationship

Phone number

Email Address