Graduate Program in Counseling

College of Social & Behavioral Sciences
School of Applied Human Sciences
University of Northern Iowa

My signature on this form indicates that I have read the ACA Code of Ethics* and will adhere to this code throughout this program and in my future capacity as a school or mental health counselor.

______________________________________________
Print Name

______________________________________________  _____________
Signature                                           Date

This form needs to be returned to:

Amy Liekweg
CACREP Clinical Mental Health Counseling or
School Counseling
University of Northern Iowa
235 Latham Hall
Cedar Falls, IA 50614-0332

Failure to return this on time will delay the program approval decision, which means that you cannot take further coursework until approval is granted.

*Available on the website at:
http://www.uni.edu/csbs/sahs/counseling/important-information-counseling-students