

CPCE READINESS PETITION

Please indicate your intentions regarding the Counseling Psychology Competency Examination (CPCE) by submitting this form to the Director of Training or the Assistant Director of Training. Requests for accommodations in taking the CPCE must be submitted in writing along with this form.

Student: _____ **Argosy Student ID #:** _____

Phone #: _____ **Argosy E-mail:** _____

Semester & year you entered the MACP program: _____

I am applying to take the CPCE in the (select one): **Fall** **Spring** **Summer**

This will be my (select one): **Initial Examination** **Re-Examination**

I have (or expect to have) successfully completed all of the following requirements by the time I take the CPCE: *(You must have earned at least a B- in each course and have an overall GPA \geq 3.0)*

- PC 6700 Couples & Family Counseling
- PC 6320 Domestic Violence & Spousal Abuse
- PC 6230 Theories in Counseling Families & Individuals
- PC 6330 Child Abuse Assessment & Reporting
- PC 6104 Counseling Skills I
- PC 6025 Human Development & Learning
- PC 6005 Maladaptive Behavior & Psychopathology
- PC 6300 Professional & Ethical Issues
- PC 6010 Professionalization Group

Student Signature _____

Date _____

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For Office Use Only:

- This document, along with a transcript, has been reviewed by the Training Office and this student meets the CPCE required coursework eligibility requirements.

- This document, along with a transcript, has been reviewed by the Training Office and this student is missing the following CPCE required coursework: _____

Signature _____
(Signature of Training Director or Assistant Training Director)

Date _____