Counselor Education: Clinical Mental Health Counseling

Number of Credits in Program: 60

LEHMAN COLLEGE

Name: _____   EMPID: _____

Address: _____   Cell: _____

Email: _____

Number of credits required for degree (60) total completed =

Date of Matriculation:

Course Number	Course Description	Year/Sem	Date Planned Sem / Year	Date Completed Sem /Yr / Grade	Comments
EDG 750	Foundations of Mental Health Counseling	1/Fall			
EDG 701	Counseling Theories & Techniques	1/Fall			
EDG 751	Psychopathology in Counseling	1/Fall			
EDG 755	Seminar 1: Anti-Racist, Anti-Oppression Advocacy and Leadership in Mental Health Counseling	1/Fall			
EDG 704	Career Counseling	1/Winter			
EDG 702	Multicultural and Social Justice Counseling	1/Spring			
EDG 703	Human Development	1/Spring			
EDG 705	Group Counseling	1/Spring			
EDG 756	Seminar 2: Cognitive Behavior Therapy	1/Spring			
EDG 736	Parenting in Diverse Family Structures	1/Summer			
EDG 752	Clinical Assessment and Treatment Planning in Mental Health Counseling	1/Summer			
EDG 757	Seminar 3: Abilities, Disabilities, and Neurodiversity in Mental Health	1/Summer			
EDG 735	Family Counseling and School/Community Partnerships	2/Fall			
EDG 732	Crisis, Substance Misuse and Trauma Counseling	2/Fall			
EDG 761	Practicum in Clinical Mental Health Counseling	2/Fall			
EDG 758	Seminar 4: Supervision and Consultation in Mental Health Counseling	2/Fall			
EDG 737	Couples Counseling: Theories and Techniques	2/Winter			
EDG 708	Counseling Research, Program Development, and Evaluation	2/Spring			
EDG 731	Sexuality Counseling in Schools and Families	2/Spring			
EDG 753	Internship I in Clinical Mental Health Counseling	2/Spring			
EDG 759	Seminar 5: Dialectical Behavior Therapy	2/Spring			
EDG 738	Brief Counseling with Children and Adolescents	2/Summer			
EDG 754	Internship II in Clinical Mental Health Counseling	2/Summer			
EDG 760	Seminar 6: The Business of Managing a Clinical Mental Health Counseling Practice	2/Summer			

	Check if complete	Date of Completion
Workshop: Mandated Reported Training		

Student's Signature _____Date_____

Advisor's Signature _____Date_____