

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT

Request for Specific Equivalencies to Minimum Qualification for a Discipline/Program

FORM I

Each time a department wants to alter its agreed upon equivalencies for all discipline hirings, it must file a new "Request for Equivalencies to Minimum Qualifications" form.

Name of the Discipline: COUNSELING

1) List the current Minimum Qualifications for the discipline:

Possess from an accredited institution:

A masters in counseling, rehabilitation counseling, clinical psychology, counseling psychology, guidance counseling, educational counseling, social work, career development, marriage and family therapy or marriage, family and child counseling, OR the equivalent. (NOTE: A bachelor's degree in one of the listed degrees and a license as a Marriage and Family Therapist (MFT) is an alternative qualification for this discipline.)

2) List the equivalencies that the Department accepts as valid:

**Any masters degree or higher and 30 graduate
units completed in the discipline**

3) Rationale:

Submitted by: Mary Castellanos

Department: Counseling SAC

REQUIRED SIGNATURES

SAC Department Chair or designee:

A signature indicates support for the equivalency and agreement that the proposed qualifications are equivalent to the minimum qualifications of the discipline.

Signature:

Date:

SCC Department Chair or designee:

A signature indicates support for the equivalency and agreement that the proposed qualifications are equivalent to the minimum qualifications of the discipline.

Signature:

Date:

Three faculty from the Department, FSA, Discipline or Division:

A signature indicates support for the equivalency and agreement that the proposed qualifications are equivalent to the minimum qualifications of the discipline.

1) Faculty's Name:

Signature:

Date:

2) Faculty's Name:

Signature:

Date:

3) Faculty's Name:

Signature:

Date:

Academic Senate/Representative:

A signature indicates support for the equivalency and agreement that the proposed qualifications are equivalent to the minimum qualifications of the discipline.

Signature:

Date:

Academic Dean/Supervisor:

Signature indicates receipt of equivalency request.

Signature:

Date:

SAC Academic Senate President:

Signature:

Approved ☒

Denied ☐

SCC Academic Senate President:

Signature:

Approved ☒

Denied ☐

Reason for Denial:

College President or Designee:

Signature:

Date:

If not approved at any level, the form will be returned to the appropriate Department Equivalency Committee.