



NEW ENGLAND ASSOCIATION FOR COLLEGE ADMISSION COUNSELING
Supplemental Application for Independent Counselors

Name: _____

Address: _____

Organization: _____

Phone: _____ Email: _____

In order to help the Membership committee determine which category of membership may apply to you, please answer the following questions that refer to various guidelines outlined in the NEACAC Articles and By-Laws. Please note that there are currently no provisions for the membership of independent counseling firms; Independent Counselors working in this type of environment should apply as individual members and must each reply to this supplemental application.

Are you an Independent Counselor from within New England who has been approved as an Independent Counselor Voting Member of the National Association for College Admission Counseling (NACAC)?

Yes No

Are you a voting member of another state or regional ACAC? Yes No

Are you a non-voting member of another state or regional ACAC? Yes No

If you are not now, but have previously been a member of NACAC or a state or regional ACAC, please indicate which one(s) and dates of membership:

Please list current memberships to other professional member organizations and indicate length of membership:

Have you had college counseling experience in a secondary school or a college/university setting?

Yes No

If yes, how much experience do you have?

Less than 3 years: 3 to 5 years: 5 years or more:

Please give dates, positions and places of applicable employment:

How long have you been practicing as an Independent Counselor?

Less than 3 years:

3 to 5 years:

5 years or more:

Do you have any experience outside a secondary school or a college/university setting that you believe is pertinent to this application? Please list work, indicate whether it was a paid or voluntary position, and dates of engagement:

Do you have a Masters Degree?

Yes

No

Field of Study: _____

Degree-Granting Institution _____

Do you hold any other licenses or certifications pertinent to this application? Yes

No

If yes, please list and note dates of acquisition:

Regarding your current practice: whom do you serve? Please note educational goals of clients, geographic area covered, and other relevant information.

What percentage, if any, of your services are offered pro-bono?

In order to serve you better: what are your primary reasons for joining? What do you hope to get out of this organization?

Are you in agreement with the purposes of NACAC and do you pledge to adhere to the NACAC Statement of Principles of Good Practice? Yes

No

According to the by-laws, some prospective Independent Counselors also will be required to submit references from three NEACAC principal members of NACAC. Should the Membership Committee determine that this requirement refers to you, you will be contacted directly.

Finally, please send copies of your promotional literature and mission statement to:

Lynne O'Shaughnessy, Executive Administrator

NEACAC

PO Box 418

Kittery, ME 03904