We thank you for your time spent taking this survey.
Your response has been recorded.

This survey is to be completed by all CACREP-accredited programs and must be submitted by December 15, 2025. NOTE: All data for this report should be from Academic Year 2024-2025. If you have any questions or need assistance in completing this survey, please contact the CACREP office at 703.535.5990 or cacrep@cacrep.org.

Institution Name:

LSUHSC New Orleans

Institution Type:

- (●) **Public**
- ( ) Non-Profit Private
- ( ) For-Profit

Institution’s Headquarters

Louisiana

Do you have a CACREP-accredited ADDICTION COUNSELING program?

- ( ) Yes
- (●) **No**

Do you have a CACREP-accredited CAREER COUNSELING program?

- ( ) Yes
- (●) **No**

Do you have a CACREP-accredited CLINICAL MENTAL HEALTH COUNSELING program?

- (●) **Yes**
- ( ) No

What is the minimum number of credit hours required for your CLINICAL MENTAL HEALTH COUNSELING degree? Choose one

- (●) **Semester**

60

- ( ) Quarter

How many students were enrolled in your CLINICAL MENTAL HEALTH COUNSELING program in the reporting period? If none, enter "0".

28

How many students graduated from your CLINICAL MENTAL HEALTH COUNSELING program in the reporting period? If none, enter "0".

2

What percentage of students complete their degree in your CLINICAL MENTAL HEALTH COUNSELING program within the time to degree established by the institution?

0 10 20 30 40 50 60 70 80 90 100

Percentage

To the best of your knowledge, what is the licensure [or certification] examination pass rate of students graduating from your CLINICAL MENTAL HEALTH COUNSELING program?

- [ ] No Exam
- [ ] 1-10%
- [ ] 11-20%
- [ ] 21-30%
- [ ] 31-40%
- [x] **41-50%**
- [ ] 51-60%
- [ ] 61-70%
- [ ] 71-80%
- [ ] 81-90%
- [ ] 91-100%
- [ ] No graduates took the exam
- [x] **Unknown if graduates took the exam**

To the best of your knowledge, what is the combined employment and doctoral admissions rates of graduates from your CLINICAL MENTAL HEALTH COUNSELING program who were actively seeking employment?

- ○ No graduates
- ○ 0-10%
- ○ 11-20%
- ○ 21-30%
- ○ 31-40%
- ○ 41-50%
- ○ 51-60%
- ○ 61-70%
- ○ 71-80%
- ○ 81-90%
- ◉ **91-100%**

Do you have a second CACREP-accredited CLINICAL MENTAL HEALTH COUNSELING program with a concentration/emphasis?

- ○ Yes
- ◉ **No**

Do you have a CACREP-accredited dually-titled CLINICAL REHABILITATION/CLINICAL MENTAL HEALTH COUNSELING program?

- ○ Yes
- ◉ **No**

Do you have a CACREP-accredited CLINICAL REHABILITATION COUNSELING program?

- ○ Yes
- ◉ **No**

Do you have a CACREP-accredited COLLEGE COUNSELING AND STUDENT AFFAIRS or STUDENT AFFAIRS AND COLLEGE COUNSELING program?

- ○ Yes
- ◉ **No**

Do you have a CACREP-accredited MARRIAGE, COUPLE, AND FAMILY COUNSELING program?

- ○ Yes
- ◉ **No**

Do you have a CACREP-accredited REHABILITATION COUNSELING program?

- ○ Yes
- ◉ **No**

Do you have a CACREP-accredited SCHOOL COUNSELING program?

- ○ Yes
- ◉ **No**

How many total applications were received for all of your MASTER'S LEVEL CACREP-ACCREDITED DEGREE PROGRAMS in the reporting period? If none, enter "0".

23

How many total students were offered admission to all of your MASTER'S LEVEL CACREP-ACCREDITED DEGREE PROGRAMS in the reporting period? If none, enter "0".

22

Are you able to provide demographic information about students enrolled in your CACREP-accredited MASTER'S level COUNSELING program(s)?

- (●) **Yes**
- ( ) No

Master's Student Demographics: Please provide the number of students currently enrolled in your CACREP-accredited master's level program(s) for each category below. If you are unable to answer for a particular category or do not have any students that identify with a particular category, please enter "0".

	Male	Female	Non-Binary/Gender Fluid
American Indian or Native Alaskan	0	0	
Asian	1	0	
Black	0	10	
Hawaiian Native or Pacific Islander	0	0	
Hispanic	0	1	
Multiracial	0	0	
Other/Not Listed	0	0	
White	2	12	
International Student	0	0	
Active Duty Military	0	0	
Veteran	0	2	
With a Disability	0	0	

Do you have a CACREP-accredited COUNSELOR EDUCATION AND SUPERVISION program?

- ○ Yes
- ◉ **No**

Please select all programs offered by your academic counseling unit that are NOT ACCREDITED by CACREP.

- [ ] Degree Program Name
- [ ] Certificate Program Name
- [x] **All degree programs are CACREP accredited**

Are you able to provide demographic information about FULL-TIME faculty members in your academic counseling unit?

- (●) **Yes**
- ( ) No

FULL-TIME Faculty Demographics: Please provide the number of full-time faculty members in your academic counseling unit for each category below. If you are unable to answer for a particular category or do not have any students that identify with a particular category, please enter "0".

	Male	Female	Non-Binary/Gender Fluid
American Indian or Native Alaskan	0	0	
Asian	0	0	
Black	0	1	
Native Hawaiian or Pacific Islander	0	0	
Hispanic	0	0	
Multiracial	0	0	
Other/Not Listed	0	0	
White	2	2	
Veteran	0	0	
With a Disability	0	0	

What are the most significant barriers or challenges your program is currently facing (e.g., enrollment, faculty resources, student support, accreditation requirements)?
Responses will not be used to evaluate or penalize program. The information collected is for the purpose of informing broader understanding, identifying trends, and guiding future policy.

Getting good, qualified faculty.

What successes or available resources have contributed most to your program's growth, effectiveness, or ability to support students?
Responses will not be used to evaluate or penalize program. The information collected is for the purpose of informing broader understanding, identifying trends, and guiding future policy.

New leadership and efforts to increase student enrollment have been successful.

What is CACREP doing well for your program that you appreciate?

The organization has been supportive during our recent and current times of transition.

What would you like to see CACREP do differently in its current services?

Perhaps to be more specific in how to develop KPIs and SLOs with notes on their differences.

What services or resources would you like to see CACREP add or develop that would better serve you and your program?

None that I can think of!

Please provide a name **and contact email address** of the person completing this survey. This address will be used if the CACREP office has any questions about the information provided in this survey.

George W. Hebert, Ph.D. gheber@lsuhsc.edu

Use this space to clarify or explain any answers provided? Or, any comments that you would like to share.

We recognize that this submission is a few days late, but our administrative coordinator recently exited our university and so I had to identify and tabulate these figures during these last few days.

REMINDER: Student Outcomes (CACREP 2024 Standard 2.E.2) must be made publicly available on your program's website. The information to be posted includes the following four data points regarding each of your accredited specialized practice area: (a) number of graduates in the past year, (b) degree completion rate, (c) licensure or certification examination pass rate, and (d) combined employment and doctoral admissions rate of students/graduates.

Once your 2024-2025 data has been posted, send the website URL to cacrep@cacrep.org.

You will NOT receive a copy of your completed survey. Please click the arrow at the bottom of the page and download the PDF for your records.
You will be contacted if we have any questions about your submitted survey.

◉ **I understand I need to download a copy of the completed survey for my own records**

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