

PROPOSED CERTIFICATE DEGREE PROGRAM
(Part Two of Two Parts)

THE GRADUATE COLLEGE
University of Nevada, Las Vegas

**THIS FORM MUST BE SUBMITTED WITH PART ONE OF THE PROPOSED
CERTIFICATE DEGREE PROGRAM FORM**

Social Security Number _____ - _____ - _____

Last Name _____ First Name _____ MI _____

Department **CED** Degree **Rehabilitation Counseling Certificate**

***Indicates Transfer Work**

#Indicates Work Taken as a Non-degree Seeking

Course No.	Course Title	Credit	Grade	Date Completed
CED 735	Substance Abuse Prevention & Intervention	3		
CED 738	Introduction to Community Mental Health Counseling	3		
CED 739	Vocational Placement and Community Resources	3		
CED 745	Assessment, Treatment, & Case Management in Addictions & MH	3		
CED 755	Planning, Management & Evaluation of Addictions & MH Programs	3		
ESP 755	Medically Related Issues in Disability	3		
CED 787	Individual Research	1		

TOTAL HOURS IN PROGRAM 12-19