

# Master's Degree Course Map

**Student Name:** \_\_\_\_\_ Ministerial Degree **YES** or **NO**

<b>Application Fee</b>	<b>Date paid</b> _____	<b>1</b>
<u><i>Phase I – Certified Temperament Counselor</i></u>	<b>Date completed</b> _____	
Lifetime Guarantee (Book Report)	<b>Date Completed</b> _____	
How to Begin a Counseling Ministry and Take it Higher	<b>Date Paid</b> _____ <b>Date completed</b> _____	
Basic Christian Counseling	<b>Date Paid</b> _____ <b>Test - Date taken</b> _____	
Temperament Theory	<b>Date Paid</b> _____ <b>Test 1- Date taken</b> _____ <b>Test 2- Date taken</b> _____	
Temperament Therapy	<b>Date Paid</b> _____ <b>Test 1- Date taken</b> _____ <b>Test 2- Date taken</b> _____	
3 hrs. Clinical Supervision	<b>Date Paid</b> _____	
10 APS Reports	<b>Date completed</b> _____	
Christian Psychology Counseling	<b>Date Paid</b> _____ <b>Test - Date taken</b> _____	
Complete 50 Board Survey	<b>Date Completed</b> _____	
NCCA membership fees	<b>Date Paid</b> _____	

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## Phase II

	<b>Date completed</b> _____
Bondage Breaker (Book Report)	<b>Date completed</b> _____
Live Demo! Becoming A Skilled Counselor Using APS!	<b>Date Paid</b> _____
Mastering Pastoral Counseling	<b>Date Paid</b> _____ <b>Date completed</b> _____
Temperament Case Studies	<b>Date Paid</b> _____ <b>Date completed</b> _____
Codependency	<b>Date Paid</b> _____ <b>Date completed</b> _____
15 APS Reports @ \$45 each	<b>Date completed</b> _____
CounselMaster (Maret) Software	<b>Date Paid</b> _____ <b>Date Completed</b> _____
Competent to Counsel (Book Report)	<b>Date Completed</b> _____
Commissioning Aptitude	<b>Date Paid &amp; Taken</b> _____
Commissioning Application	<b>Date Paid</b> _____
Commissioning	<b>Date Paid &amp; Completed</b> _____
Clinical Supervision	<b>Date Paid</b> _____
National Background Check	<b>Date Paid</b> _____
NCCA Cert, Lic. & Member fees	<b>Date Paid</b> _____

# Master's Degree Course Map

## Phase III (Advanced Professional Certification)

**Date completed** \_\_\_\_\_

1. \_\_\_\_\_

**Date Paid** \_\_\_\_\_

**Test - Date taken** \_\_\_\_\_

2. \_\_\_\_\_

**Date Paid** \_\_\_\_\_

**Test - Date taken** \_\_\_\_\_

3. \_\_\_\_\_

**Date Paid** \_\_\_\_\_

**Test - Date taken** \_\_\_\_\_

4. \_\_\_\_\_

**Date Paid** \_\_\_\_\_

**Test - Date taken** \_\_\_\_\_

5. \_\_\_\_\_

**Date Paid** \_\_\_\_\_

**Test - Date taken** \_\_\_\_\_

6. \_\_\_\_\_

**Date Paid** \_\_\_\_\_

**Test - Date taken** \_\_\_\_\_

7. \_\_\_\_\_

**Date Paid** \_\_\_\_\_

**Test - Date taken** \_\_\_\_\_

8. \_\_\_\_\_

**Date Paid** \_\_\_\_\_

**Test - Date taken** \_\_\_\_\_

- \* Integrated Marriage & Family Therapy
- \* Substance Abuse & Addiction Therapy
- \* Group Therapy
- \* Domestic Violence & Intervention Therapy
- \* Crisis & Abuse Therapy

- \* Child & Adolescent Therapy
- \* Temperament Therapy
- \* Cognitive Therapy & Ethics
- \* Death & Grief Therapy
- \* Sexual Therapy

140 page Thesis using 25 APS case studies (use case studies from student practicum hrs)

**Date Completed** \_\_\_\_\_

### **Master's Final Phase**

\* A letter of authorization stating NCCA can release records and/or help obtain MA from Cornerstone University

**Date completed** \_\_\_\_\_

\* Matriculation, Administrative, & Transfer fees

**Date Paid** \_\_\_\_\_

\* Note stating you want license to be upgraded

**Date completed** \_\_\_\_\_

\* Submit copy (3-ring binder) of all the clinical notes for the 25 persons that were counseled during this program.

**Date completed** \_\_\_\_\_