



# **APPLI CATI ON**

for designation as a

## **CERTI FI ED EDUCATI ONAL PLANNER**

© 2014 American Institute of Certified Educational Planners  
Commission on Credentialing  
617 W. Montecito Ave.  
Sierra Madre, CA 91024  
[info@aicep.org](mailto:info@aicep.org)

# Introduction and instructions for application to become a **CERTIFIED EDUCATIONAL PLANNER**

## **Introduction**

The field of educational planning is an exciting and enriching one. Thousands of parents and students rely on consultants and counselors as they are making educational decisions. As such, the future of the profession that provides educational help to families depends on the ability, experience, honor and character of its practitioners. It is with these thoughts that the certification process was born.

In 1994, a group of professionals set in motion a process that led to a new designation for those engaged in helping students connect with appropriate educational institutions. Originally established by the Independent Educational Consultants Association, AICEP is now an independent entity with a commission made up of persons representing such professions as college admissions, high school college counseling, and educational consulting. It was in the spirit of enhancing professional development, providing appropriate recognition for, and raising public awareness of the expertise of educational consultants and college counselors that the Certified Educational Planner (CEP) designation was born.

The CEP credential is a mark of distinction demonstrating extensive knowledge and commitment to the fields of college advising and educational consulting.

There are several pages to this application. This is because there are many ways to demonstrate the necessary excellence and professional commitment. Few candidates will use all the categories.

## **Applicants for certification must:**

- 1) possess a master's degree or higher from a regionally-accredited college or university, or comparable professional experience;
- 2) demonstrate acceptable character, ability and reputation;
- 3) be employed full- or part-time as an educational option provider (i.e., those working directly with students and families to provide choices of colleges, schools, and other growth/education-oriented alternatives);
- 4) pledge in writing to adhere to the Principles of Good Practice as presented in these materials.

This is not an entry-level credential. Successful candidates typically have visited numerous campuses and have a minimum of 3-5 years of full-time experience in providing students with guidance about their educational options.

The credentialing assessment process has two parts – this application and an examination.

In this application you will provide the Commission with an overview of your educational background and your record of professional engagement. You will also present a case study from your professional experience that will offer some insight into your process and strategies for working with an individual student.

Candidates whose application receives a favorable review will be invited to sit for the examination. We strive to be fully transparent with this process, so you will not encounter any surprises or “trick” questions on the exam.

The exam includes:

- Two hypothetical case studies of students for whom you will prepare and support a list of 3-5 recommended colleges, programs or schools.
- A list of four institutions or programs selected by the Commission from the list of site visits you submit with your application. You will choose two of those about which to prepare a profile of the institution or program and the types of students who are best-served there.

The written examination will be offered at various sites across the United States and at many national conferences (e.g., IECA, HECA, NACAC).

Submitting an application is not certification. No use of the CEP designation, in any way, is permissible before official designation is granted by the Commission.

The CEP designation is granted for five years. As a CEP, it will be your responsibility to pursue and record professional development activities that will lead to your recertification. Recertification procedures and requirements will be distributed to you after you receive your designation as a CEP. Site visits and continuing education hours are the basis of recertification.

All information in the application will be kept strictly confidential and exams are read completely anonymously.

Please email our office ([info@aicep.org](mailto:info@aicep.org)) if you have any questions.

## Specific Instructions

1. Read the entire application before beginning to answer any of the questions.
2. **Do not duplicate information.** If you include information in one place, do not repeat it in another part of the application. (Hence it is important to read the entire application first and plan your responses in advance.)
3. It is not necessary, nor is it expected, that every applicant will find every section of the application germane to her/his experience and background. If a particular section is not pertinent, indicate by printing or typing N/A.
4. If extra space is needed, use additional blank sheets. Identify each sheet in the upper right-hand corner with your name and number of the application item(s) to which the information relates.
5. Be accurate and factual in every reply. Do not skimp on details, but be as concise as possible. Wherever there is a question of accuracy (dates for example) qualify your response with “about” or “approximately,” but use these only when necessary. Use alphabetical abbreviations (e.g., NACAC), only after stating the full name first.
6. The last 10 years of professional and personal activities are considered to be most relevant. However, candidates should use their own discretion as to inclusion or non-inclusion of background information.
7. The Commission reserves the right to request documentation of any item in the application.
8. As possible, attach a copy of your job description for education-related experiences.
9. Submit either a copy of transcript of coursework leading to your highest degree or a copy of the degree itself.
10. Carefully recheck all items on the application before signing the form and mailing it.
11. Be sure to include supporting material that is absolutely pertinent to describing your activities. Do not insert pages in individual plastic covers. Please eliminate unnecessary bulk
12. Retain a copy of your completed application for your file, and send the original of the application with supporting material along with your application fee of \$200 to:

Commission on Credentialing  
American Institute of Certified Educational Planners  
617 West Montecito Avenue  
Sierra Madre, CA 91024

I have carefully read and understand these instructions. \_\_\_\_\_  
Signature

If you have any questions, please email them to us at: [info@aicpep.com](mailto:info@aicpep.com). Our goal is to help all qualified candidates become certified, so we are pleased to answer any questions you may have about the process.

Application for designation as a

# CERTIFIED EDUCATIONAL PLANNER

Please print clearly or type:

\_\_\_\_\_  
First Name Middle Name or Initial Last Name

\_\_\_\_\_  
Maiden name or other name(s) used in transcript and other records

\_\_\_\_\_  
Name as you want it to appear on your certificate. Include degree (s) if desired.

**Preferred mailing address (to be used for official AICEP correspondence)**

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City State Zipcode

\_\_\_\_\_  
Country Citizenship

\_\_\_\_\_  
Email address (to be used for AICEP communications)

\_\_\_\_\_  
Business phone number (including area code) Home or cell phone number (including area code)

**If you are an Independent Educational Consultant please indicate your area(s) of specialization and your website:**

☐ Colleges ☐ Boarding and Day Schools ☐ Therapeutic programs ☐ Learning disabilities

☐ Other \_\_\_\_\_

\_\_\_\_\_  
Website

## **Degrees**

List all of your degrees from regionally accredited colleges or universities. Please note that a master's degree (or comparable professional experience) is required. Either a transcript of your coursework leading to your highest degree or a copy of the degree itself should be sent with these materials.

Name of institution \_\_\_\_\_

City/State \_\_\_\_\_

Degree \_\_\_\_\_ Month/year \_\_\_\_\_

Academic concentration(s) \_\_\_\_\_

Name of institution \_\_\_\_\_

City/State \_\_\_\_\_

Degree \_\_\_\_\_ Month/year \_\_\_\_\_

Academic concentration(s) \_\_\_\_\_

Name of institution \_\_\_\_\_

City/State \_\_\_\_\_

Degree \_\_\_\_\_ Month/year \_\_\_\_\_

Academic concentration(s) \_\_\_\_\_

## **Additional college coursework in relevant subjects**

List courses (beyond your degrees and including those in certificate programs such as the UCLA or UCI programs) that you have taken to maintain and improve the quality of the professional services that you provide. Coursework must be from regionally accredited colleges or universities. (Attach additional pages if necessary.)

Course title \_\_\_\_\_ Number of credits ☐ sem ☐ qtr \_\_\_\_\_

College/university \_\_\_\_\_

Course title \_\_\_\_\_ Number of credits ☐ sem ☐ qtr \_\_\_\_\_

College/university \_\_\_\_\_

Course title \_\_\_\_\_ Number of credits ☐ sem ☐ qtr \_\_\_\_\_

College/university \_\_\_\_\_

## **Other Educational Experiences**

List here such experiences as institutes, seminars, workshops and webinars you have taken in the past five years to maintain or improve the quality of counseling or consulting services you provide. **Do not list conference attendance here.** (Attach additional pages if necessary.)

Title of program \_\_\_\_\_ Hours in session(s) \_\_\_\_\_

Sponsoring organization \_\_\_\_\_ Date(s) \_\_\_\_\_

Title of program \_\_\_\_\_ Hours in session(s) \_\_\_\_\_

Sponsoring organization \_\_\_\_\_ Date(s) \_\_\_\_\_

Title of program \_\_\_\_\_ Hours in session(s) \_\_\_\_\_

Sponsoring organization \_\_\_\_\_ Date(s) \_\_\_\_\_

## **Conference attendance**

List conferences or conventions you have attended in the last five years that you believe are relevant to your certification as an educational planner. Do not include any programs listed elsewhere. (Attach additional pages if necessary.)

Conference or convention \_\_\_\_\_ Number of days \_\_\_\_\_

Sponsoring organization \_\_\_\_\_ Dates \_\_\_\_\_

Conference or convention \_\_\_\_\_ Number of days \_\_\_\_\_

Sponsoring organization \_\_\_\_\_ Dates \_\_\_\_\_

Conference or convention \_\_\_\_\_ Number of days \_\_\_\_\_

Sponsoring organization \_\_\_\_\_ Dates \_\_\_\_\_

Conference or convention \_\_\_\_\_ Number of days \_\_\_\_\_

Sponsoring organization \_\_\_\_\_ Dates \_\_\_\_\_

## **Licensure and certification**

List all relevant professional licenses, certifications, registrations, or other credentials that you hold. Please include copies of current licensures or certifications and note when each expires. Include certifications in the administration of assessment tools such as the Myers-Briggs and the Strong Inventory Assessment. (Attach additional pages if necessary.)

Item #1 \_\_\_\_\_

\_\_\_\_\_ Expiration date \_\_\_\_\_

Item #2 \_\_\_\_\_

\_\_\_\_\_ Expiration date \_\_\_\_\_

## **Independent Educational Consulting**

If you are now (or have previously been) an Independent Educational Consultant (IEC) please answer the following:

Name of business \_\_\_\_\_

Address \_\_\_\_\_

Dates \_\_\_\_\_ Average number of clients per year \_\_\_\_\_

Type of services  
you provided

## **Employment History**

Aside from anything listed above, and beginning with your current or most recent position, please list all positions you have held that you feel are particularly relevant for this application. (Attach additional pages if necessary)

Name of institution/company \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Dates held \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Phone \_\_\_\_\_

Brief description of  
primary responsibilities

Name of institution/company \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Dates held \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Phone \_\_\_\_\_

Brief description of  
primary responsibilities

Name of institution/company \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Dates held \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Phone \_\_\_\_\_

Brief description of  
primary responsibilities

## **Membership in professional associations**

List your memberships in **relevant** educational and professional associations or organizations and include any leadership positions you have held (e.g., executive board, board of directors, committee chair, etc.) (Attach additional pages if necessary.)

**Organization** \_\_\_\_\_ Dates of membership \_\_\_\_\_

Leadership position held \_\_\_\_\_ Dates \_\_\_\_\_

Leadership position held \_\_\_\_\_ Dates \_\_\_\_\_

Other involvements \_\_\_\_\_ Dates \_\_\_\_\_

**Organization** \_\_\_\_\_ Dates of membership \_\_\_\_\_

Leadership position held \_\_\_\_\_ Dates \_\_\_\_\_

Leadership position held \_\_\_\_\_ Dates \_\_\_\_\_

Other involvements \_\_\_\_\_ Dates \_\_\_\_\_

**Organization** \_\_\_\_\_ Dates of membership \_\_\_\_\_

Leadership position held \_\_\_\_\_ Dates \_\_\_\_\_

Leadership position held \_\_\_\_\_ Dates \_\_\_\_\_

Other involvements \_\_\_\_\_ Dates \_\_\_\_\_

**Organization** \_\_\_\_\_ Dates of membership \_\_\_\_\_

Leadership position held \_\_\_\_\_ Dates \_\_\_\_\_

Leadership position held \_\_\_\_\_ Dates \_\_\_\_\_

Other involvements \_\_\_\_\_ Dates \_\_\_\_\_

## **Writings/publications**

List and describe any published books, chapters, monographs, articles, blogs and similar substantive materials you have written that are relevant to your professional work as an educational planner. (Attach additional pages as necessary.)

---

---

---

---

---

---

---

---



## **Speaking or moderating**

List those times you have been a speaker, moderator or workshop leader on topics pertinent to the field of educational planning. Indicate the length of the session, not preparation time. (Attach additional pages if necessary.)

Sponsor/organization \_\_\_\_\_ Date(s) \_\_\_\_\_

Title of presentation \_\_\_\_\_ Number of hours \_\_\_\_\_

Audience \_\_\_\_\_

☐ Solo speaker    ☐ Panel participant    ☐ Moderator    ☐ Webinar    ☐ Repeated session – number of times \_\_\_\_\_

Sponsor/organization \_\_\_\_\_ Date(s) \_\_\_\_\_

Title of presentation \_\_\_\_\_ Number of hours \_\_\_\_\_

Audience \_\_\_\_\_

☐ Solo speaker    ☐ Panel participant    ☐ Moderator    ☐ Webinar    ☐ Repeated session – number of times \_\_\_\_\_

## **Mentoring and volunteer service**

List relevant volunteer leadership roles in community service projects or with community organizations, or any mentoring you have done. Please do not duplicate information given elsewhere. (Attach additional pages if necessary.)

Project or organization \_\_\_\_\_

Your role \_\_\_\_\_ Date(s) \_\_\_\_\_

Project or organization \_\_\_\_\_

Your role \_\_\_\_\_ Date(s) \_\_\_\_\_

Project or organization \_\_\_\_\_

Your role \_\_\_\_\_ Date(s) \_\_\_\_\_

## **Additional**

Please list below any other significant experiences or achievements that you believe are important to the Commission's assessment of you as a candidate for the credential of Certified Educational Planner. These might include awards or honors you have received, relevant programs or events you have organized, consulting you have done with institutions, relevant courses you have taught or any extenuating circumstances you believe are relevant to appropriate consideration of your application. Please attach additional pages as necessary.

## **College/School/Program Visits**

If you are a college counselor or an independent consultant specializing in colleges, please list 30 colleges you have visited in the past three years. If you are an independent consultant specializing in therapeutic program placements or in day/boarding school placements, you should list visits to sites appropriate to your specialization.

During the examination you will be given the names of four institutions from the list you provide below. You will select two of the four about which to provide responses to a series of prompts. These colleges/schools/special needs facilities should be ones about which you will feel comfortable writing as part of your examination. The prompts will include:

- The type of student who might be happy and best-served at the institution/program
- General admission criteria
- Stand out features or attributes
- An example of a similar institution/program
- General description of the physical plant
- Environment in which the institution/program is located and the influences of the surrounding communities

1. _____	16. _____
2. _____	17. _____
3. _____	18. _____
4. _____	19. _____
5. _____	20. _____
6. _____	21. _____
7. _____	22. _____
8. _____	23. _____
9. _____	24. _____
10. _____	25. _____
11. _____	26. _____
12. _____	27. _____
13. _____	28. _____
14. _____	29. _____
15. _____	30. _____

### **Limits of Expertise**

Give a couple of examples of potential situations in which you might feel you have reached the limits of your expertise and for which you would seek assistance from (or make a referral to) another professional.

### **Case Study**

Select a student with whom you have worked in the past three years. **On a separate page**, please outline the student's academic and personal profile, interests, issues, parents' parameters and any other relevant information. Describe your process in working with this student (and family). Please focus on the major elements of the case. You should probably be able to accomplish this in 3-4 paragraphs.

Finally, list the colleges/schools/programs you suggested to the student and explain why you felt they were particularly good matches for the student. (If you care to share outcomes, please feel free to do so.)

## **REFERENCES**

Sometimes during the evaluation process it is helpful for us to speak with professional colleagues of candidates. Please list five such professionals (CEPs, supervisors, independent educational consultants or other professional colleagues) who can comment on your current educational counseling or consulting skills, your character and your ethical standards.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Title \_\_\_\_\_ Dates of relationship \_\_\_\_\_

Business/institution name \_\_\_\_\_

Professional relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Title \_\_\_\_\_ Dates of relationship \_\_\_\_\_

Business/institution name \_\_\_\_\_

Professional relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Title \_\_\_\_\_ Dates of relationship \_\_\_\_\_

Business/institution name \_\_\_\_\_

Professional relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Title \_\_\_\_\_ Dates of relationship \_\_\_\_\_

Business/institution name \_\_\_\_\_

Professional relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Title \_\_\_\_\_ Dates of relationship \_\_\_\_\_

Business/institution name \_\_\_\_\_

Professional relationship \_\_\_\_\_

# AFFIRMATION OF GOOD STANDING

Has a professional license or certification held by you ever been revoked, suspended or voluntarily relinquished?

☐ Yes ☐ No

Have you ever been placed on a probationary status as a disciplinary action by a professional credentialing body?

☐ Yes ☐ No

Has a professional credentialing body ever rejected your application because of ethical or legal considerations?

☐ Yes ☐ No

Have you ever been convicted of, or are you now under charges for, and felony, crime, or ethical violation?

☐ Yes ☐ No

Have you ever had any disciplinary action taken regarding any licensures, certifications, or memberships that you hold?

☐ Yes ☐ No

Have you ever been prosecuted for, received a judgment for, been convicted of, or pled *no lo contendere* to any felony in any state, territory, or district in the United States or any other country?

☐ Yes ☐ No

Are you now, or have you ever been, addicted to or abusive of or been treated for addiction to or abuse of, any controlled substance, habit-forming drug, prescribed medications, or alcohol?

☐ Yes ☐ No

Have you ever entered into any malpractice settlement or had any malpractice judgment entered against you in a court of law?

☐ Yes ☐ No

If you answered "yes" to any questions above, please provide a written explanation on an attached sheet. Affirmative responses do not, in any way, automatically deny certification.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# Certification of Accuracy, Agreement, and Release Authorization

I will execute the necessary documents, submit as requested in the credentialing process, and supply further information as determined by the AICEP Commission on Credentialing. I further understand and, by my signature, adhere to the Principles of Good Practice (attached).

I certify that the information in this application as submitted to AICEP is accurate and complete to the best of my knowledge and belief. I understand that any intentional or unintentional failure to provide true and complete information may result in sanctions by the Commission on Credentialing. I understand and agree that I am obligated to report any changes concerning my responses to this application in a timely manner and in writing.

I understand that any rating system, even those applied fairly and objectively, are subjective and imprecise. I further understand that questions about the rating of my application or exam will be welcome, but that the Commission's decision will be final.

I understand that any intentional misrepresentation of the information provided on the application can result in denial or loss of certification.

I understand and agree that the Commission has the right to contact any person, government agency or entity, or organization to review or confirm any information provided in my application. I further agree to authorize the release of any information requested by the Commission with respect to review of my application. I further understand and agree that the Commission has the right to notify pertinent credentialing and professional organizations if it is determined that this application contains false information.

I understand that any certificate granted me by the AICEP Commission on Credentialing does not in and of itself imply or specify licensure to practice counseling for a fee,

monetary or otherwise. If I am granted certification and practice as an Independent Educational Consultant, I do so at my own risk.

I hereby release the Commission on Credentialing and the American Institute of Certified Educational Planners (AICEP) from any and all liability and/or claims that may arise from any decision to practice as an educational consultant, a school-based college counselor or related professional titles.

I understand that all material I submit becomes the property of AICEP upon receipt and that neither originals nor photocopies will be returned to me.

I understand and agree that this certification and recertification depends upon my fulfillment of all required criteria and obligations, including adherence to the Principles of Good Practice. I further agree to fully inform the Commission, in a timely manner, if I become the subject of any ethics, disciplinary, criminal, or lesser offenses, complaints, or charges. If my practice changes in any substantive manner, I agree to inform the Commission.

In the event that my certification is suspended or revoked, I agree to comply with all directives or orders of the Commission on Credentialing and AICEP, including the return of certification documents. I agree to comply with such directives and orders in a timely manner and at my own expense.

---

Applicant Signature

---

Print Name

---

Date

# PRINCIPLES OF GOOD PRACTICE

## Introduction

These principles are designed to promote and maintain the highest standards of professional service and personal conduct among its practitioners. Attestation to the Principles is required for certification.

The planner's primary obligation is to represent each client accurately based upon a professional evaluation of the circumstances and requirements of the case.

## I. Competence

- A. An educational planner strives to be aware of and practice within the boundaries of his/her competence based on relevant education, training and/or experience. Relevant education refers to psychology, educational counseling, child development and other associated courses. Training can include apprenticeship to, mentoring by, and/or supervision by an experienced consultant or counselor. Experience may include admissions, counseling, placement, or administrative positions in schools, colleges, or other educational settings
- B. A planner strives to be aware when a case is partly or entirely outside the scope of his/her knowledge or expertise, and may seek – respectively – to consult with or refer to colleagues possessing specialized knowledge or expertise.
- C. A planner strives continually to update his/her knowledge of educational options across the broad range of schools, colleges, and/or programs pertinent to his/her practice through site visits and other appropriate means of gathering information.
- D. A planner strives to present him/herself as able to deal only with those areas in which he/she has competence.
- E. A planner strives to know and adhere to federal and state laws relevant to educational counseling, consulting, and planning.

## II. Multiple relationships with potential conflicts of interest

- A. A planner strives to avoid multiple relationships with his/her client and/or his/her client's family that could reasonably and foreseeably give rise to actual or perceived conflict(s) of interest, interfere with the ability of the counselor or consultant to provide objective services, or embarrass the client or the family.

- B. To avoid potential misunderstandings, a planner who has another role – such as being an owner, part-owner, board member of, employee of, consultant to, or trainer for a college, school, or other program – shall provide to clients a written disclosure describing this additional relationship. The planner should include with this disclosure a consent form for the client and family to sign, indicating that they have been informed of this additional role, have discussed it with the planner, and agree to proceed with the services.
- C. If a planner has provided or plans to provide services to the client and/or the client's family as a member of another licensed profession or professional organization, the counselor or consultant shall follow the principles and practices of that other profession or professional organization, such as those specified by statute, regulation, or the ethical code of that other profession or professional organization – including any limitations on potentially conflicting multiple relationships.

## III. Relationship with the student and family

- A. Although the child and his/her own best education and developmental interests are the main focus of our work, the parent(s), stepparent(s), or guardian(s) who may participate in the process in person or by phone, are to be valued as important contributors.
- B. The educational consultant has an obligation to discuss with the parent(s) or guardian(s), as early as feasible, the fees and financial arrangement. The planner may include the child when discussing the nature and scope of these services and the limits of confidentiality. The planner respects the integrity of the consulting relationship.
- C. The primary focus of the consultant or counselor in most instances is to discern and recommend options that will serve the best interests of the child. This most appropriately includes some meeting or communication with one or both parent(s) or guardian(s) to get the views of the child's needs and the resources currently available. Similarly, consultation with selected schools, other planners, and other professionals may be necessary or desirable.
- D. The consultant or counselor must clarify that his/her service does not guarantee that a placement will be made. This preserves the

possibility of recommending that the child remain in the same educational situation or participate in an alternate work or study experience as part of an educational plan, at least for the time being.

- E. The planner strives to interact with students in ways that are respectful, recognize their dignity, and show sensitivity to their special strengths, values, and needs.
- F. The planner strives to provide substantially the same information appropriate to each participating parent(s), guardian(s), child, or others involved, such as other professionals.
- G. The planner strives to be aware of cultural, individual, and role differences. Differences may arise from such factors as age, race, gender, language, religion, ethnicity, sexual orientation, disability, national origin, and socioeconomic status. The planner tries to eliminate the effects on his/her work of biases based on these factors and does not knowingly participate in or condone unfair discriminating practices.

#### **IV. Relationships with schools, colleges, or other programs**

- A. The counselor or consultant neither solicits nor accepts compensation from any school, college, institution, or special program for placement of a child. In addition, the planner strives to avoid actions that could give parents, schools, colleges, special programs, colleagues, or other professionals **even the appearance** of soliciting or accepting such compensation.
- B. The planner strives to understand the philosophies, values, missions, goals, approaches, and methods of schools, colleges, and other institutions and programs from which he/she draws his/her recommended options. In addition, the counselor or consultant strives to avoid actions that could give schools, colleges, institutions, or special programs **even the appearance** of applying undue influence on their decisions regarding admission or other dealings with his/her students.
- C. The planner does not write for the student any biographical or other essays required in application materials, although the planner may have a coaching role, such as discussing with the student some desirable elements to include or some ways of coping with written or interview questions about past or current learning or other difficulties.
- D. The consultant or counselor strives to maintain awareness of current practices and trends in

those types of educational settings pertinent to the services he/she offers.

- E. The counselor or consultant strives to build positive professional relationships with admissions officers and other educators at the schools, colleges, institutions, and special programs pertinent to the services he/she offers.

#### **V. Relationships with other professionals**

The planner strives to cooperate in reasonable and appropriate ways with other counselors/consultants and work with them in the enhancement of one another's practices and in the advancement of educational planning. Sharing information has become a tradition of consultants and counselors. Planners do not ask for payment when they serve as resources to each other.

#### **VI. Advertising and other public statements**

- A. In advertising and other public statements, the planner strives to avoid making statements that are false, deceptive, misleading, or fraudulent, either through what they state, convey, or suggest, or what they omit about the consultant or counselor's professional practice and activities, or those of individuals or organizations with which he/she is affiliated. The responsibility to strive to be accurate and to avoid false or deceptive statements applies, for example, to the consultant's training, experience and competence; degrees and credentials; association and affiliations; services; and fees. A planner may claim special abilities only if they are demonstrable.
- B. Through paid or unpaid public statements or announcements in meetings, the media, or any other form of advertising, the planner may use the appropriate opportunities to increase public awareness and understanding of the profession of educational planning and his/her own spectrum of expertise and services.