



**2017 CACREP Vital Statistics Survey**

---

**\* Required Information**

**This survey is to be completed by all CACREP-accredited programs and must be submitted by September 15, 2017.**

**If you have any questions or need assistance in completing this survey, please contact Tyler Kimbel at 703.535.5990 or tkimbel@cacrep.org.**

**\* Institution Name:**

**Please provide the name of the institution where your program is located.**

University of Nebraska at Omaha

**\* Institution Type:**

**Please select the category that describes your institutional control or affiliation.**

Public

**\* Institution Location/Region:**

**Please identify the region in which your institution is located.**

North Central Region (i.e., IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, OK, SD, WI)

**\* Do you currently have one or more counseling programs accredited under the 2001 CACREP Standards?**

No

---

---

---

