

**MICHIGAN STATE UNIVERSITY  
TEACHER CERTIFICATION OFFICE  
134 ERICKSON HALL, EAST LANSING, MI 48824-1034  
(517) 353-5146**

APPLICATION FOR THE MICHIGAN PRELIMINARY SCHOOL PSYCHOLOGIST CERTIFICATE

**Effective October 15, 2009, there is a \$50.00 processing fee for this application. Please [pay the fee online](#) using a credit card, debit card, or checking account *before* submitting the application. Applications without fee payment cannot be processed.**

All certification recommendations processed by Michigan State University require admission to the University as an Undergraduate, Graduate, or Lifelong Education student with teacher certification status.

**APPLICATION INSTRUCTIONS:**

- Please complete both the application and the Conviction Disclosure Form. You must sign and date both forms.
- Federal agencies require that certification applicants be reported by racial/ethnic background. In order that MSU may meet this obligation as an equal opportunity institution, it is necessary to inquire about racial/ethnic classification.
- It is **not** necessary to send a copy of your Internship Supervisor's Certificate, as we have that on file.
- After the recommendation has been submitted to the Michigan Department of Education (MDE) for processing, MDE will send a bill with instructions about how to make payment for your certificate.

**Application Checklist:** Only complete applications can be processed. Your application is not be complete unless the following materials have been received:

- \_\_\_ Completed and signed application
- \_\_\_ Completed and signed Conviction Disclosure Form
- \_\_\_ \$50.00 processing fee
- \_\_\_ Evidence of legal name change, if applicable (driver's license, marriage certificate, etc.)

Questions about the School Psychologist program should be directed to Dr. John Carlson, Clinical Director, at [carlsoj@msu.edu](mailto:carlsoj@msu.edu).

***MSU is an Affirmative Action/Equal Opportunity Institution***

Application for the **MICHIGAN PRELIMINARY SCHOOL PSYCHOLOGIST CERTIFICATE**

**GENERAL INFORMATION**

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Name:	Last	First	M.I.	Other names of record
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Address	Street	City	State	Zip Code
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Social Security Number	PID/MSU Student #	Gender	U.S. Citizen
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E-mail Address (non-MSU)

**RACIAL-ETHNIC CATEGORIES**

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> White, not of Hispanic Origin
<input type="checkbox"/> Black, not Hispanic Origin	<input type="checkbox"/> I do not wish to respond

**ACADEMIC HISTORY**

Institution	Dates Attended	Credits (or Degree)	Term/Semester
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Are you currently enrolled? No  Yes  Number of Credits  Institution \_\_\_\_\_

**FIELD EXPERIENCE** (Internship)

Supervisor/Location	Dates	Total Number of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission is given to Michigan State University to solicit information regarding teaching experience and to release pertinent data and transcripts for recommendation of teacher certification to the Michigan Department of Education. I understand that I will be charged a fee for my certificate, in accordance with Public Act 339 of 1988 and that I will be billed by MDE for the amount owed.

In accordance with Public Act 96 of 1995, it is a criminal offense to use or attempt to use, a college or university transcript that is fraudulently obtained, altered, or forged, or to use other fraudulent credentials to obtain a teacher, school administrator, school guidance counselor, or school psychologist certificate.

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Date	Signature
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**DO NOT WRITE BELOW THIS LINE**

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Type of certificate recommended to MDE \_\_\_\_\_

Approved by: \_\_\_\_\_ (Dept.) Date forwarded to Registrar's Office: \_\_\_\_\_

Approved by: \_\_\_\_\_ (Certification Office) Highest Degree Held: BA/BS MA/MS

Name: \_\_\_\_\_

PID: \_\_\_\_\_

Date: \_\_\_\_\_

**Michigan State University  
College of Education  
Conviction Disclosure Form**

The Michigan State Board of Education has authority under Part 10 Administrative Hearings of the Administrative Rules Governing the Certification of Michigan Teachers, to deny, suspend or revoke a teaching certificate (R 390.1201).

Students and certification candidates are asked to provide responses to critical questions prior to (1) admission to the teacher education program; (2) intern teacher placement; and/or (3) recommendation for initial certification, renewal of provisional certification, and professional certification. An applicant who has been convicted of a felony or misdemeanor may be denied admission, field placement, or recommendation for certification. An applicant who has been convicted of a felony or misdemeanor at any point during his or her academic program may, upon request, be granted a hearing prior to a final decision regarding admission, field placement, or recommendation for certification. Such a hearing will be initiated by the College of Education and referred to the Hearing Board of the Undergraduate Education Policy Committee for review and recommendation.

Please answer each question by checking "Yes" or "No". If you answer "Yes" to any question, please provide complete information on the back of this sheet.

- A. Have you been dismissed, resigned from, entered into a settlement agreement or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct?  
 Yes  No
  
- B. Did you receive a discharge from the Armed Forces of the United States that was other than "Honorable"?  
 Yes  No
  
- C. Have you ever been convicted of a crime (misdemeanor or felony) other than a minor traffic violation, whether upon a verdict or plea of guilty or a plea of nolo contendere (no contest)? Have you ever received a suspended sentence for a crime or an attempt to commit a crime? Have you ever admitted responsibility for a civil infraction or an ordinance violation?  Yes  No

If you answered "Yes" to this question, you must provide a Register of Actions or Judgment of Sentence for the offense from the court in which you were convicted or admitted responsibility.

- D. Do you currently have any criminal charges pending against you?  Yes  No
  
- E. Have you ever had an application for a teaching credential in Michigan or any other jurisdiction denied?  
 Yes  No
  
- F. Have you ever had a teaching credential issued in Michigan or any other jurisdiction suspended, revoked, nullified, or otherwise invalidated?  Yes  No
  
- G. Have you ever had a teaching credential issued in Michigan or any other jurisdiction retain its validity with a conditional agreement?  Yes  No
  
- H. Have disciplinary proceedings ever been initiated against your Michigan teaching credential or a teaching credential issued by another jurisdiction?  Yes  No

If you answered yes to question C, please answer the following questions for each offense. (You may attach a separate sheet, if necessary.)

a) What was the offense? \_\_\_\_\_  
Fully explain the circumstances. (Attach an additional page if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) What was the date of your conviction or admission of responsibility? \_\_\_\_\_

c) In what city, state, and country did this occur? \_\_\_\_\_

d) In what court? \_\_\_\_\_

e) Please provide any other facts that you consider relevant to this circumstance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you answered yes to any other question on the previous sheet, please note the item to which you are responding and fully describe the nature of the issue. (Attach an additional sheet, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELEASE:

I declare and affirm, under penalty of committing fraud in the application process, that all the statements made in the foregoing application, including its accompanying statement or form, are true, complete and correct. I further declare and affirm that any conviction that occurs subsequent to the date of this application but prior to the issuance of any certificate will be reported, in writing, to the Certification Officer, 134 Erickson, Michigan State University, East Lansing, MI 48824.

By signing this form, I consent to the release of information to Michigan State University for the purpose of ascertaining my moral character and to the State of Michigan, Office of Professional Personnel Services, as necessary.

DATE \_\_\_\_\_

STUDENT #: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME (Print) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

E-MAIL \_\_\_\_\_

TELEPHONE \_\_\_\_\_

10/15/2009