



### Application for Preliminary School Psychology Certificate

Please direct questions regarding this application to the School Psychologist Certification Administrator, Psychology Department, Sloan Hall 139, Central Michigan University, Mt. Pleasant, Michigan 48859, 989-774-6464, 989-774-2553 (fax).

Central Michigan University will not accept applications for the preliminary school psychologist certificate from individuals who have not been previously admitted to CMU's specialist or doctoral degree program in school psychological services.

1. Applicant Information (Please type or print)

Social Security Number -- --	Name: Last/First/Middle	Maiden
Street Address (Home)	City	State ZIP Code
Home Telephone ( )	Date of Birth / /	Sex: ____ Male ____ Female
Email:	Work Phone: ( ) -	Fax: ( ) -

2. **Degree information:** Please identify all universities where you earned graduate credit in fulfillment of requirements for the preliminary school psychology certificate. Transcripts for graduate coursework completed at universities other than CMU must be provided to the School Psychology Certification Administrator. Please note that your application cannot be processed until grades for all required coursework are transcribed.

Name of University	Approximate Number of Semester Hours Earned	Year Degree Conferred/Expected	Transcript requested [ = Yes
Masters			
Specialist			
PhD			
Other			
Other			
Other			
Other			

3. Conviction/Revocation Information

	Yes	No
Have you ever been convicted of, pleaded no contest to, or pleaded guilty to a felony? (Check one)		
Have you ever been convicted of, pleaded no contest to, or pleaded guilty to a misdemeanor involving a minor? (Check one)		
Have you had a school psychologist, teaching, or administrator certificate suspended or revoked? (Check one)		

**School Psychologist Certification Fee Agreement**

I have authorized my college or university to recommend me for a Preliminary School Psychologist certificate. I understand that I will be charged a fee for my certificate, in accordance with Public Act 339 of 1988, and will be billed for the amount owed. I agree to pay this fee within 30 days of receiving the bill.

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

\_\_\_\_\_  
Date

<b>Coursework Requirements</b>	
From page 3, enter the total number of semester hours completed in CMU's School Psychology Program	
From page 3, enter the total number of graduate semester hours completed elsewhere and approved by your academic advisor as equivalent to CMU's required coursework for the preliminary school psychologist certificate	
For the preliminary certification, individuals must have completed a minimum of 45 graduate semester hours in (or accepted by) CMU School Psychology preparation program	Total qualifying semester hours

### CMU Coursework for School Psychologist Preliminary Certificate

Student's Name \_\_\_\_\_ Academic Advisor \_\_\_\_\_

Coursework Required for the Preliminary Certificate	CMU	Course substitution Approved by Advisor/Identify Course Number and University
PSY 511 Statistics in Psychology (3) OR PSY 611 Research Design (3)		
PSY 562 Therapeutic Intervention: Foundations (3)		
PSY 586 Behavior Modification in the Classroom (3) OR PSY 780 Behavior Therapy (3)		
PSY 662 Advanced Therapeutic Interventions (3)		
PSY 605 Assessment of Affective & Behavior Disorders for Children & Youth (3)		
PSY 655 Introduction to Intelligence Testing (2)		
PSY 656 Advanced Intellectual Assessment (2)		
PSY 667 Assessment of Learning Disorders (3)		
PSY 677 Education of Children with Learning Disabilities (3)		
PSY 760 Seminar: School Services (3)		
PSY 766 Seminar: Consultation Skills (3)		
PSY 767 Assessment and Intervention for Developmental Disabilities (3)		
<b>One course from each of the following areas is also required for the Preliminary Certificate</b>		
Social Basis of Behavior (Area A) PSY 531 Group Dynamics (3) OR PSY 533 Psychology of Racism (3) OR PSY 630 Advanced Social Psychology (3) OR SPE 550 Teaching the Culturally Divers (3)		
Human Development (Area B) PSY 624 Advanced Developmental Psychology (3) OR PSY 682 Psychology of Child Development (3)		
Cognitive Basis of Behavior (Area C) PSY 589 Cognitive Psychology (3) OR PSY 680 Learning (3) OR ELE/SED 614 Advanced Education Psychology (30)		
Biological Basis of Behavior (Area D) PSY 587 Physiological Psychology (3) OR PSY 687 Physiological Foundations (3)		
<b>Totals</b>		

<b>Field Experience Requirement</b>
For the preliminary school psychologist certification, individuals must have completed a 600 clock-hour practicum (PSY 790-791) with at least 300 hours in a school setting under the supervision of a person who holds a Michigan School Psychologist Certificate
Identify your practicum site, the dates of practicum placement (e.g., 09/97-09/98), and the name and work telephone number of your on-site supervisor. If you completed practicum at more than one site, list both sites, the dates, and the names of your supervisors.  Site: _____  Dates: _____  Supervisor: _____  Phone: _____  Site: _____  Dates: _____  Supervisor: _____  Phone: _____
Were you enrolled in CMU's practicum course (PSY 790-791) during the semesters of your practicum experience? ___ Yes ___ No  If no, please explain:
Your on-site supervisor(s) must have held a school psychologist certificate at the time of supervision. Attach a copy of his/her certificate to this application.
Your on-site supervisor(s) must complete the practicum experience report form for the preliminary school psychologist certificate (next page). <b>Return the completed and signed form(s) with this application.</b>

**Experience Report Form for Preliminary School Psychologist Certification**

Instructions: This form is for verification of field experience (practicum) required for a preliminary school psychologist.

This is to verify that

\_\_\_\_\_

Last Name	First	Middle	Maiden
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Social Security Number \_\_\_\_\_

Yes     No    Completed a 600-clock-hour or longer supervised practicum with school-aged students (two [2] semesters) from

\_\_\_\_\_ to \_\_\_\_\_  
 Month-Day-Year                      Month-Day- Year

Yes     No    Completed a 300-clock-hour supervised practicum with school-aged Students (one [1] semester) from

\_\_\_\_\_ to \_\_\_\_\_  
 Month-Day-Year                      Month-Day-Year

\_\_\_\_\_  
 Signature of supervising fully-certified school psychologist                      Date

\_\_\_\_\_  
 Print or type name of supervising school psychologist

\_\_\_\_\_  
 School district    Telephone number

\_\_\_\_\_  
 Address

Submit this completed form and a copy of the certificate of the fully-certificated supervising school psychologist. You may duplicate this form if you completed your practicum at two different sites.

**Return to:**

**Central Michigan University  
 School Psychologist Certification Administrator  
 Psychology Department  
 Sloan Hall 139  
 Mt. Pleasant, Michigan 48859**