



Application for 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, 989-774-6463, 989-774-2553 (fax).

Central Michigan University will not accept applications for the 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	Last Name, First, Middle	Maiden Name
Street Address (Home)	City, State, ZIP Code	
Home Telephone ()	Date of Birth	Gender ___ Female ___ Male
Email	Work telephone	Fax

2. Degree Information. Please identify all universities where you earned graduate credit in fulfillment of requirements for the school psychology certificate. Submit transcripts for graduate coursework earned **following the award of the preliminary certificate** at universities other than CMU. 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
Master's			
Specialist			
PsyD/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 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

Requirements for School Psychologist Certificate	
To be eligible for a school psychologist certificate, the applicant must hold a valid preliminary school psychologist certificate. Submit a copy of your preliminary school psychologist certificate with this application	
To be eligible for a school psychologist certificate, the applicant must possess a specialist degree or its equivalent from CMU	[=Degree verified
The applicant must have completed an additional 15 graduate semester hours (beyond the original 45 required for the preliminary certificate) at CMU or be approved by your academic advisor as equivalent to CMU's required course work for the school psychologist certificate. Attach a copy of applicant's authorization of graduate degree program for masters, specialist, and doctoral degrees.	Number of total qualifying semester hours beyond 45

Field Experience Requirement

For the school psychologist certification, individuals must have completed a 600-clock-hour internship (PSY 795-796 or PSY 990, PSY 991, or equivalent) with at least 300 hours in a school setting under the supervision of a person who holds a Michigan School Psychologist Certificate.

Identify your internship (PSY 795-796 or PSY 990, PSY 991, or equivalent) site, the dates of the internship placement (e.g. 09/1997-05/1998), and the name and work telephone number of your onsite supervisor. If you completed internship 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 internship course (PSY 795-796 or PSY 990) during the semesters of your internship experience? ____ Yes ____ No

If not, please identify the course number and semesters for your internship.

Your onsite supervisor must have held a school psychologist certificate at the time of supervision. **Attach a copy of his/her certificate to this application.**

Your onsite supervisor must complete the internship experience report form for the school psychologist certificate (page 4). **Return the completed and signed form with this application.**

For the school psychologist certificate, individuals must have completed one (1) year of successful work experience (180 days) under the direction of a fully-certificated school psychologist. The year of successful work experience can be the same year as the internship year. **However, applicants must hold a preliminary certificate at the beginning of the year of work experience. Submit a copy of the fully-certified supervising school psychologist's certificate for the year of successful work experience. Also, submit a copy of the work experience form completed by the applicant's employer (page 5).**

Internship Experience Report Form for School Psychologist Certification

Instructions: This form is for verification of the internship required for a school psychologist certificate.

This is to verify that

Last Name, First, Middle Maiden

Social Security Number _____

____ Yes ____ No Completed a 600-clock-hour or longer supervised internship with school-age students

_____ to _____
Month/Day/Year Month/Day/Year

Signature of supervising fully-certificated 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 internship at two different sites.

Work Experience Report Form for School Psychologist Certification

Instructions: This form is for verification of work experience required for a school psychologist certificate. Please have the superintendent or designee of the employing school district complete this form.

This is to verify that

_____,
Last Name, First, Middle Maiden

Social Security Number _____ has completed one successful year of
work experience from _____ to _____.
Month/Day/Year Month/Day/Year
under the supervision of a fully-certificated school psychologist.

Superintendent or designee's signature Date

Print or type name of superintendent or designee

School District Telephone number

Address

Submit this completed form and a copy of the certificate of the fully-certificated supervising school psychologist.

Return to:

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