



CENTRAL MICHIGAN UNIVERSITY

APPLICATION FOR THE RENEWAL OF THE PRELIMINARY SCHOOL PSYCHOLOGY CERTIFICATE

This form is for renewal of the preliminary school psychologist certification. Applications for renewal of the school psychologist certification may be obtained from the Michigan Department of Education.

Please direct questions regarding this application to the School Psychologist Certification Administrator, Psychology Department, Sloan Hall 139, Central Michigan University, Mt. Pleasant, MI 48859, 989-774-6463, 989-774-2553 (fax).

Central Michigan University will not accept applications for renewal of 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)

Form with fields for Social Security Number, Name, Maiden, Street Address, City, State, Zip Code, Home Telephone, Date of Birth, Sex, Email, Work Phone, Fax.

2. An individual must have completed six (6) graduate semester credit hours in an approved school psychologist preparation program to be eligible to renew preliminary school psychologist certificate. The credits must be earned after the date of issuance of the preliminary certificate and prior to the certification expiration date.

Attach a copy of your preliminary school psychologist certificate.

Please identify the course number, title, and credit hours for the graduate coursework you are submitting in fulfillment of the requirements for renewal of a preliminary certificate:

Table with 5 columns: Course Number, Course Title, Credit Hours, University, Date Completed.

3. CONVICTION/REVOCAION INFORMATION:

	Yes	No
Have you ever been convicted of, pled no contest to, or pled guilty to a felony? (Check one)		
Have you ever been convicted of, pled no contest to, or pled 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

**Return to:**

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

Revised 7/10