

AUTHORITY: R 390.1135 and R 380.206  
of the Michigan Administrative Rules.  
COMPLETION: REQUIRED. (Certificate  
will not be issued if form is not filed.)

Direct questions regarding  
this form to (517) 373-3310.

## APPLICATION FOR RENEWAL OF ADVANCED CERTIFICATE

*(This form is NOT for provisional certificate renewal or advancement to the professional education certificate.)*

### Indicate below the type of certificate you wish to renew:

- Professional Education Certificate     Occupational Education Certificate     School Psychologist Certificate     School Counselor License

### GENERAL INFORMATION:

This application is for school personnel who wish to renew one of the advanced certificates listed above. The renewal of the advanced certificate requires completion of 6 semester hours of credit at any four-year or community college listed in the Directory of Michigan Institutions of Higher Education, or 18 State Board Continuing Education Units (SB-CEUs). Also, a combination of semester credit hours and SB-CEUs is acceptable (3 SB-CEUs are equivalent to 1 semester hour of credit). Semester credit hours completed at approved out-of-state institutions are also acceptable. Credits earned should be relevant to your professional growth as it relates to your current position. **Semester credit hours or SB-CEUs must have been completed within the five-year period preceding the date of application and after the date of issuance of the previous certificate.**

Credit earned through correspondence is not acceptable. Academic credit earned from an approved higher education institution via a distance learning program, which employs telecommunications, interactive learning, and/or group discussion is acceptable. Proof of academic or SB-CEU credit earned for certificate renewal must be retained by the applicant in the case of audit. **DO NOT SUBMIT TRANSCRIPTS WITH THIS APPLICATION.**

The application form for certificate renewal should be submitted to the Michigan Department of Education at the address above **no sooner than January 1<sup>st</sup> of the year the certificate will expire.**

### INSTRUCTIONS:

- ◆ Do not apply unless your certificate has expired, or it will expire on June 30<sup>th</sup> of the current calendar year.
- ◆ Do not apply until all renewal requirements are completed.
- ◆ Complete Sections 1-6. **PLEASE PRINT OR TYPE.**
- ◆ Enclose a photocopy of the front side of the certificate you want to have renewed.
- ◆ After your application is processed, you will be billed \$160.00. **DO NOT MAKE PAYMENT UNTIL YOU RECEIVE THE FEE REMITTANCE STATEMENT. DO NOT SEND PAYMENT WITH THE APPLICATION FORM.**

**NOTE: RENEWAL FEE NOT PAID WITHIN ONE YEAR OF THE DATE OF ISSUANCE OF FEE STATEMENT WILL REQUIRE REAPPLICATION.**

**PLEASE ALLOW FOUR (4) WEEKS FOR PROCESSING.**

### 1. APPLICANT INFORMATION (Please print or type.)

SOCIAL SECURITY NUMBER	NAME (Last, First, Middle Initial)	MAIDEN NAME (if applicable)	
STREET ADDRESS (Home)		CITY/STATE	ZIP CODE
DATE OF BIRTH (mm/dd/yyyy)	E-MAIL ADDRESS	TELEPHONE – AREA CODE/NO./EXT.	



3. In the spaces below, please provide **complete** information on the semester credit hours earned for the certificate renewal. **PLEASE PRINT OR TYPE.**

NUMBER AND TITLE OF COURSE	NO. OF SEMESTER CREDIT HOURS	COLLEGE/UNIVERSITY (and address if out-of-state)	MONTH/DAY/YEAR OF COMPLETION
<b>Total No. of Semester Credit Hours Earned:</b>			

4. Evaluation of SB-CEUs and semester credit hours for Professional Education/Occupational Education/School Psychologist Certificate or School Counselor License renewal. **NOTE: If a combination of SB-CEUs and semester credit hours are reported, use the table below to calculate the number of SB-CEUs and semester credit hours required for certificate renewal.**

<u>NO. OF SEMESTER CREDIT HOURS COMPLETED</u>	<u>BALANCE NEEDED IN SB-CEUs</u>
6 hrs.	0 SB-CEUs
5	3
4	6
3	9
2	12
1	15
0	18

TOTAL NUMBER OF SEMESTER CREDIT HOURS EARNED: _____
TOTAL NUMBER OF SB-CEUs EARNED: _____

5. **RESPONSE TO THIS SECTION IS MANDATORY. YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED.** (If you answer “Yes” to any of the following questions, please provide a detailed description of the circumstances surrounding the conviction or action and attach copies of court documents, if applicable.)

Have you ever been convicted of (or pleaded no contest to) a misdemeanor or felony? (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a teaching/school counselor/school psychologist certificate suspended or revoked? (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there currently action pending against your teaching/school counselor/school psychologist certificate? (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever surrendered a teaching/school counselor/school psychologist certificate? (Check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. APPLICANT’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**-DO NOT WRITE BELOW THIS LINE-**

\_\_\_\_\_  
SIGNATURE OF EVALUATOR

\_\_\_\_\_  
DATE