

**MICHIGAN DEPARTMENT OF EDUCATION
 OFFICE OF PROFESSIONAL PREPARATION SERVICES
 P.O. BOX 30008
 LANSING, MICHIGAN 48909**

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

APPLICATION FOR DUPLICATE MICHIGAN CERTIFICATE

Complete this application form if you wish to obtain a duplicate of your Michigan teaching certificate, vocational authorization, school psychologist certificate, school administrator certificate, or school guidance counselor license.
(NOTE: This transaction does not cover any additions to or upgrade of your certificate/vocational authorization, except name and address changes.)

GENERAL INSTRUCTIONS:

- Complete all sections of the application form. **PLEASE PRINT OR TYPE.**
- If your name has changed since your certificate was issued, **enclose a copy of your marriage license, divorce decree, or name change decree.**
- Mail the completed application form to the address indicated above. You may also fax the application form to Linda Campbell at (517) 373-0542.
- After your application is processed, you will be **billed \$25.00 for each type of duplicate certificate/authorization requested. Do not make payment until you receive the fee remittance statement.**
- Once your payment is received, you will be sent **TWO COPIES** of each duplicate certificate requested.

TYPE OF DUPLICATE CERTIFICATE REQUESTED

<input type="checkbox"/> TEACHER <input type="checkbox"/> SCHOOL COUNSELOR <input type="checkbox"/> ADMINISTRATOR <input type="checkbox"/> SCHOOL PSYCHOLOGIST <input type="checkbox"/> VOCATIONAL AUTHORIZATION

APPLICANT INFORMATION

SOCIAL SECURITY NUMBER	DATE OF BIRTH	MONTH	DAY	YEAR	GENDER
					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME	Last	First	Middle	Maiden	TELEPHONE NUMBER
					()
ADDRESS	Street	City	State	Zip Code	

CERTIFICATE INFORMATION

NAME THAT APPEARS ON CERTIFICATE:	Last	First	Middle	Maiden
COLLEGE ATTENDED:				DATE CERTIFICATE ISSUED:

CONVICTION/REVOCAION INFORMATION *(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.)*

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

APPLICANT'S SIGNATURE _____ **DATE** _____

-DO NOT WRITE BELOW THIS LINE-

Institution _____ Degree _____ Date Issued _____

Certificate Type _____ Endorsement Areas: _____

Fee Paid \$ _____ Approved By _____ Date Approved _____