WORK EXPERIENCE REPORT FORM FOR MICHIGAN SCHOOL PSYCHOLOGIST CERTIFICATE

Instructions:
If you are applying for the School Psychologist certificate, this form must be completed by the Superintendent or Chief Official of the employing school district or school and submitted with your application documents.

CANDIDATE IDENTIFIERS

(REQUIRED IDENTIFIER)	**(SELECT ONE or MORE OPTIONAL IDENTIFIERS)**
Last 4-digits of Social Security #: XXX-XX-_____	PIC: _____ (available through Michigan Online Educator Certification System www.michigan.gov/moecs)
Date of Birth: _____	Michigan University Student ID #: _____
MOECS Application #: _____	

Name of School District or School in Which Candidate was Employed
School District's/School's Address:

CERTIFICATION OF SCHOOL PSYCHOLOGIST EXPERIENCE

This is to certify that _____
(first name) (middle/maiden name) (last name)

Was employed full-time (2 ½ clock hours or more a day) as a school psychologist from _____ to
(month) (day) (year)

_____.
(month) (day) (year)

THIS CANDIDATE'S SERVICE IS RATED: ☐ **SUCCESSFUL** ☐ **UNSUCCESSFUL***

***When an unsuccessful rating is recorded, please provide an explanation on the reverse side of this page.**

_____ _____
Supervising School Psychologist's Signature Date

_____
(Print or type name of Supervising School Psychologist)

_____ _____
Superintendent/Chief Official or Designee's Signature Date

_____ _____
(Print or type name & title of Superintendent/Chief Official or Designee) Area Code/Telephone Number

THIS FORM MAY BE DUPLICATED AS NEEDED