

TE-4991 Rev. 07/05 AUTHORITY: P.A. 288 of the Public Acts of 2000. Completion: Voluntary (License will not be issued if form is not filed.)	MICHIGAN DEPARTMENT OF EDUCATION OFFICE OF PROFESSIONAL PREPARATION SERVICES P.O. BOX 30008 LANSING, MICHIGAN 48909	Direct questions regarding this form to (517) 241-0046.
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APPLICATION FOR MICHIGAN SCHOOL COUNSELOR LICENSE FOR CANDIDATES WHO COMPLETED REQUIREMENTS OUT-OF-STATE

DO NOT use this form if you completed a school counselor program at a Michigan university. Candidates who completed requirements for a school counselor license at a Michigan university must apply directly to that Michigan university to be recommended for the school counselor license.

DO NOT use this form if you hold a teaching certificate from another state and are also certified as a school counselor in that state. Instead, please contact (517) 373-3310 to request an application for Michigan teacher certification.

REQUIREMENTS FOR THE MICHIGAN SCHOOL COUNSELOR LICENSE

In order to be eligible to apply for a Michigan school counselor license, an applicant must meet one of the following criteria:

1. Hold a Master's or higher degree in school counselor education from an approved university outside the State of Michigan.

OR

2. Hold at least a Bachelor of Arts or Bachelor of Science degree, and have a minimum of 5 academic years of successful experience as a school counselor in another state within the immediately preceding 7-year period.

INSTRUCTIONS:

- Complete all sections of the application form (see reverse side). ***PLEASE PRINT OR TYPE.***
- Enclose **OFFICIAL** transcripts from **all** the institutions of higher education at which credit was completed. **(Photocopies and facsimiles of transcripts are not acceptable. Internet transcripts and grade reports are also not acceptable.)**
- Enclose a copy of your out-of-state school counselor license, certificate, or approval, if applicable.
- If you do not have a Master's or higher degree in school counselor education, your employing school district must complete the attached *Work Experience Report Form*, and it must be enclosed with your application form.
- **Mail the completed application form, along with the required documentation, to the address indicated above.**

GENERAL INFORMATION:

- Upon receipt of your application, you will be billed \$210.00. **The fee is for the application evaluation process and is non-refundable. DO NOT SEND PAYMENT WITH THE APPLICATION FORM.**
- Your credentials will be evaluated after your completed application is submitted and the evaluation fee is paid.
- The application evaluation fee is valid for two years from the date of receipt.
- Candidates for the school counselor license must pass the State of Michigan content area test for school guidance and counseling. However, if the applicant meets all requirements for the Michigan school counselor license except the Michigan test, a one-year nonrenewable Temporary School Counselor Authorization will automatically be issued as part of the application process.
- Candidates who are issued the Temporary School Counselor Authorization may be employed during the one-year period. By the end of the one-year period, the applicant must have passed the State of Michigan content area test for school guidance and counseling to be issued the Michigan school counselor license.

ADVISORY: *In accordance with Public Act 96 of the Public Acts of 1995, it is a criminal misdemeanor to: use a suspended, surrendered, revoked, nullified, fraudulently obtained, altered or gorged teaching certificate, school administrator certificate, or other state board of education approval, or a certificate or approval of another person for the purpose of obtaining employment; use or attempt to use a college or university transcript or a certificate or other credential that is fraudulently obtained, altered or forged, or uses or attempts to use as his or her own, a college or university transcript or a certificate or other credential that is for another person, to obtain a teaching certificate, school administrator's certificate or state board approval in this state.*

APPLICATION FOR MICHIGAN SCHOOL COUNSELOR LICENSE

(SEE REVERSE SIDE FOR INSTRUCTIONS)

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	
RACIAL AND ETHNIC CATEGORIES					
<input type="checkbox"/> <u>American Indian or Alaskan Native</u> (having origins in any of the original peoples of North America or maintaining cultural identification through tribal affiliation or community recognition)		<input type="checkbox"/> <u>Black, NOT of Hispanic origin</u> (having origins in any one of the black racial groups of Africa)		<input type="checkbox"/> <u>Hispanic</u> (a person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race)	
<input type="checkbox"/> <u>White, NOT of Hispanic origin</u> (having origins in any of the original peoples of Europe, North Africa or the Middle East)		<input type="checkbox"/> <u>Asian or Pacific Islander</u> (having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa)		<input type="checkbox"/> <u>Multiracial</u> (a person of mixed racial-ethnic origins)	

ELIGIBILITY CRITERIA (check one)

<input type="checkbox"/> Have a Master's or higher degree in school counselor education	<input type="checkbox"/> Does not have a Master's or higher degree in school counselor education, but has at least a Bachelor of Arts or Bachelor of Science degree with a minimum of 5 academic years of experience as a school counselor in another state within the immediately preceding 7-year period (<i>must enclose experience report form</i>)
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DEGREE INFORMATION

Type of Degree	Name of Degree Granting Institution	Year Degree Conferred
Bachelor's		
Master's		
Specialist's		
Ph.D./Ed.D.		

CERTIFICATION AND EXPERIENCE HISTORY

Do you hold a valid out-of-state school counselor license/certificate/approval? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>[attach copy if answer is yes]</i>	State that Issued License:	Expiration Date
How many years of experience do you have as a school counselor? _____		

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, 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

APPLICANT'S SIGNATURE _____ DATE _____

-DO NOT WRITE BELOW THIS LINE-

Institution _____ Degree _____ Fee Paid \$ _____

Approved By _____ Date Approved _____ Expiration Date _____

MDE (Employer Completes)

WORK EXPERIENCE REPORT FORM FOR SCHOOL COUNSELOR LICENSE

Instructions:

This form must be completed and enclosed with the application form if you **do not** have a Master's or higher degree in school counselor education.

Please have the Superintendent or Chief Official of the employing school district complete this form.

Name of School District in Which Candidate was Employed as a School Counselor
School District's Address:

This is to verify that _____ <div style="display: flex; justify-content: space-around; width: 80%; margin: 0 auto;"> (first) (middle/maiden) (last) </div> social security number ____/____/____ was employed as a school counselor from _____ to _____. <div style="display: flex; justify-content: space-around; width: 80%; margin: 0 auto;"> (month) (day) (year) to (month) (day) (year) </div>

THIS CANDIDATE'S SERVICE IS RATED: **SATISFACTORY** **UNSATISFACTORY**

(Superintendent or Chief Official's signature)

(date)

(print or type name of Superintendent or Chief Official)

(area code) (telephone number)

Enclose the completed Work Experience Report Form with your application for the Michigan school counselor license.