



Bureau of Professional Licensing
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CERTIFICATION OF PSYCHOLOGY EDUCATION

Authority: 1978 PA 368

THIS FORM IS ONLY REQUIRED FOR MASTER'S LEVEL LICENSES

This form must be submitted directly to this office by the Director of Education or the Registrar of the Institution in which you completed your coursework or Psychology degree. It should be sent along with a copy of your transcript directly to the Michigan Board of Psychology. If this form is submitted by the applicant, it will not be accepted.

Print or Type

| | | | |
|--------------------------------------|--------------------|--------------------------------|--------------------------|
| Student's Name (First, Middle, Last) | | | |
| Student's Social Security Number | | Student's Date of Birth | |
| Name of Educational Institution | | | |
| Address of Educational Institution | | | |
| City | | State | Zip Code |
| Date of Admission | Date of Completion | Degree Awarded (if applicable) | Discipline/Program Title |

CERTIFICATION AND SIGNATURE

I certify the applicant named above attended the listed educational institution and was granted a Master's Degree in Psychology that included coursework, and completed the Master's Practicum, as checked below:

75% of hours required for degree were primarily psychological in content (thesis and practicum excluded).

A course in assessment (training in the use of techniques to evaluate intelligence and/or personality).

A course in treatment (the application of psychological techniques to correct or resolve mental or emotional problems).

A course in scientific and professional ethics and standards.

PRACTICUM: University credit: 500 hours of psychological work; supervised by a licensed psychologist.

Signature of Program Director, or Registrar

Date of Signature

Type or Print Name of Dean, Director, or Registrar

SEAL – (If school has no seal, please indicate)

Title