



Bureau of Professional Licensing  
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## CERTIFICATION OF EDUCATION FOR A SOCIAL SERVICE TECHNICIAN REGISTRATION

Authority: 1978 PA 368

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 social work degree. If this form is submitted by the applicant, it will not be accepted.

**To be Completed by Applicant:**

Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	E-mail Address	
Name and Address of Educational Institution		Degree Awarded (if applicable)
Date of Admission	Date of Completion	
Applicant Signature		Date

**To be Completed by School:**

### CERTIFICATION AND SIGNATURE

I certify the applicant named above:

Attended the listed educational institution and was granted an Associate Degree in Social work which included at least 18 semester or 27 quarters hours of social work courses and included a field placement or internship of 350 hours of experience under the supervision of a licensed Bachelor's or Master's Social Worker

**OR**

Completed two years of full time college education in an accredited college or university that included some courses relevant to human services areas.

\_\_\_\_\_  
Signature of Program Director or Registrar

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Program Director or Registrar

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

\_\_\_\_\_  
Title