

WORK EXPERIENCE REPORT FORM FOR MICHIGAN SCHOOL COUNSELOR LICENSE

Instructions:

This form must be completed and submitted with your application documents only if you DO NOT have a Master's or higher degree in school counselor education.

CANDIDATE IDENTIFIERS

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

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

CERTIFICATION OF EXPERIENCE IN A SCHOOL COUNSELOR ASSIGNMENT

This is to certify that _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (first name) (middle/maiden name) (last name) </div> was employed full-time (2 ½ clock hours or more a day) as a school counselor from _____ to _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (month) (day) (year) (month) (day) (year) </div>

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.**

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