



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 that included supervised instructional field experience.

OR

Completed a minimum of 60 semester or 90 quarter credit hours, including a minimum of 20 semester or 30 quarter credit hours of relevant human services coursework, including, but not limited to, coursework in social work, ethical and legal issues, sociology, psychology, counseling human development, human behavior, health care, philosophy, criminal justice, early childhood development, and social policy and administration

 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