

WORK EXPERIENCE REPORT FORM FOR MICHIGAN SCHOOL COUNSELOR LICENSE

Instructions:

This form must be completed by the supervising school counselor and school principal or superintendent or chief official designee of the employing school district or school and submitted with your application documents. This form must be completed and submitted with your application documents to document three years of successful experience as a school counselor. Individuals required to take the school counselor MTTC do not need to submit this form.

SUBMIT FORM TO MDE-EDUCATORHELP@MICHIGAN.GOV WITH APPLICATION DOCUMENTS.

CANDIDATE IDENTIFIERS

Name _____
first name middle name last name other names used

(PROVIDE AT LEAST ONE ADDITIONAL IDENTIFIER)

PIC #: _____ Date of Birth: _____ MOECS Application #: _____

**Name of School/School District
in Which Candidate was Employed**

School District's/School's Address:

This is to certify that _____
(first name) (middle/maiden name) (last name)

Was employed full-time (6 clock hours or more a day) as a school counselor

from: _____ to: _____
(month) (day) (year) (month) (day) (year)

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.**

supervising school counselor's signature

date

print or type name of supervising school counselor

signature of principal or school designee

date

print or type name & title of superintendent/chief official or designee

area code/telephone number