



EASTERN MICHIGAN UNIVERSITY

SCHOOL COUNSELOR CREDENTIAL

APPLICATION INFORMATION

Attached is the application for the school counselor credentials. Based upon the coursework, degrees and examinations you completed, you may be eligible for one or more of the following school counselor credentials:

- Preliminary Employment Authorization as a School Counselor (PEASC) – Valid for 3 years and non-renewable
- School Counselor Endorsement on a Teaching Certificate (NT)
- School Counselor License (SCL) – No teaching certificate required

The table below identifies the specific requirements for each of these credentials.

CREDENTIAL REQUIREMENTS			
	PEASC	NT	SCL
Coursework within Master's Degree Program:			
COUN 503 Dynamics of Life Development	✓	✓	✓
COUN 505 Counselor Development: Basic Skills	✓	✓	✓
COUN 508 Theories of Counseling	✓	✓	✓
COUN 520 Assessment in Counseling	✓	✓	✓
COUN 530 Career Development & Info. Services	✓	✓	✓
COUN 540 Group Process I	✓	✓	✓
COUN 571 Cross Cultural Counseling	✓	✓	✓
COUN 580 Counselor Development: Counseling Process	✓	✓	✓
COUN 622 Diagnosis and Treatment Planning	✓	✓	✓
COUN 612 The School Counselor	✓	✓	✓
COUN 650 Organization & Admin. Of School Counseling	✓	✓	✓
COUN 651 Counseling with Children	✓ *	✓ *	✓
COUN 696 Ethical, Professional, & Legal Issues	Not Required	✓	✓
COUN 686 Counseling Practicum I	✓	✓	✓
COUN 786-789 Counseling Internship	Not Required	✓	✓
EDPS 667 Research Course (or equivalent)	✓	✓	✓
SPGN 510 Exceptional Child in the Regular Classroom	✓	✓	✓
Completion of 48+ Semester Hour Master's Degree Program	Not Required	✓	✓
Passage of MTTC Test # 51 Guidance Counselor Exam	✓	✓	✓
Photocopy of your valid Michigan Teaching Certificate	Not Required	✓	Not Required
Photocopy of your official or unofficial transcripts	✓	✓	✓

* COUN 651: Counseling with Children is required only for K-8 and K-12 PEASC/NT credentials.

Upon receipt of the application and required attachments, the Department of Leadership & Counseling School Counseling Program Coordinator will review your qualifications. If all requirements have been met, Eastern Michigan University will submit a recommendation to the Michigan Department of Education (MDE). The MDE will issue a remittance statement (bill) for the certificate fee. The official certificate will be mailed to you after the remittance statement and the certification fee have been returned to MDE. If it is determined that you do not meet the requirements, you will be notified of deficits. Please allow 30-60 days for the application process.

Send completed application to: Dr. Suzanne Dugger

School Counseling Program Coordinator
 Department of Leadership & Counseling
 Eastern Michigan University
 John W. Porter Building, Suite 304
 Ypsilanti, Michigan 48197

EASTERN MICHIGAN UNIVERSITY

SCHOOL COUNSELOR CREDENTIAL APPLICATION CHECKLIST

To apply for a school counseling credential through EMU, mail the following materials to:

Dr. Suzanne Dugger
School Counseling Program Coordinator
Department of Leadership & Counseling
Eastern Michigan University
John W. Porter Building, Suite 304
Ypsilanti, Michigan 48197

- Application
- Documentation of Name Change (if applicable)
- Photocopy of Transcript (unofficial web transcript is fine)
- Photocopy of Valid Michigan Teaching Certificate (if applicable)
- Photocopy of MTTC exam results for Test # 51 (Guidance Counselor)
- Written statement regarding existence of potentially disqualifying conditions (if applicable)

EASTERN MICHIGAN UNIVERSITY

APPLICATION FOR MICHIGAN SCHOOL COUNSELOR CREDENTIAL

READ ATTACHED INFORMATION SHEET BEFORE COMPLETING APPLICATION

1. APPLICANT INFORMATION					
<i>Please <u>print</u> or <u>type</u> your name as you want it to appear on your certificate. (Note: <u>Please attach</u> documentation of name change if you have not changed your name with the University).</i>					
NAME				TELEPHONE NUMBER	
Last	First	Middle	Maiden	()	
ADDRESS		Street	City	State	Zip Code
E-MAIL			DATE OF BIRTH:		GENDER
			MONTH	DAY	YEAR
					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMU I.D. #:			SOCIAL SECURITY NUMBER: - -		
<i>Your Social Security number is required by the State of Michigan for processing the certificate.</i>					
RACIAL AND ETHNIC CATEGORIES					
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Black, NOT of Hispanic/Latino origin	
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> White, NOT of Hispanic/Latino origin		<input type="checkbox"/> Multiracial (a person of mixed racial-ethnic origins)	

2. CURRENT EMPLOYMENT STATUS					
<i>If employed, please report your school district/agency information and address.</i>					
EMPLOYER			SCHOOL		TELEPHONE NUMBER
					()
SCHOOL ADDRESS		Street	City	State	Zip Code
CURRENT POSITION			YEARS		

3. ACADEMIC HISTORY			
<i>Please attach a copy of your transcript(s).</i>			
Degree	Major	Granting Institution	Date Conferred
Bachelor's	_____	_____	_____
Master's	_____	_____	_____
Post-Master's	_____	_____	_____
Notes: _____			

4. CURRENT TEACHER CERTIFICATION STATUS (Leave Blank if not Teacher Certified)			
<i>Please attach a copy of your current, valid Michigan Teaching Certificate if applicable.</i>			
Type of Michigan certificate(s) held:	<input type="checkbox"/> Elem. Prov.	<input type="checkbox"/> Sec. Prov.	<input type="checkbox"/> Elem. Prov. Renewal
	<input type="checkbox"/> Elem. Prof.	<input type="checkbox"/> Sec. Prof.	<input type="checkbox"/> Sec. Prov. Renewal
	<input type="checkbox"/> Other: _____		
Recommending Institution: _____		Date Issued: _____	

5. MICHIGAN TEST FOR TEACHER CERTIFICATION – TEST # 51

Please attach a copy of your MTTC examination results verifying passage of Test # 51 (Guidance Counselor).

Date Passed:

Score:

6. SCHOOL COUNSELOR CREDENTIAL – LEVEL AND TYPE REQUESTED

LEVEL

CREDENTIAL TYPE (Check only one. See requirements on page 1.)

- Grades K-8
- Grades 6-12
- Grades K-12
- Preliminary Employment Authorization as School Counselor (PEASC)
- NT Endorsement on Teaching Certificate (Attach copy of current teaching certificate)
- School Counselor License (SCL)

7. POTENTIALLY DISQUALIFYING CONDITIONS

If you answer "yes" to any of the following questions, please attach a detailed description of the circumstances surrounding the conviction or action and attach copies of court documents, if applicable.

In accordance with Revised Michigan School Code Section 380.1539 (a), it is a criminal misdemeanor to:

Use a suspended, surrendered, revoked, nullified, fraudulently obtained, altered or forged teaching certificate, school administrator certificate, other state board of education approval, or a certificate or approval of another person for the purpose of obtaining employment. With regard to your teaching/school counselor/school psychologist/administrator certificate,

- Has it ever been suspended or revoked? (check one) yes no
- Is there currently action pending against it? (check one) yes no
- Have you ever surrendered a school credential? (check one) yes no

The Michigan Teacher Certification Code, Rule 380.1201 states that:

The State Board of Education may refuse to grant a teaching certificate to an applicant convicted, as an adult, of an act of immoral conduct contributing to the delinquency of a child, or a felony involving moral turpitude. You must respond to the following questions. Have you ever been convicted of (or pleaded no contest to)

- A felony? (check one) yes no
- A misdemeanor involving children? (check one) yes no

8. CONSENT

In accordance with Revised Michigan School Code Section 380.1539 (a), it is a criminal misdemeanor to:

Use or attempt to use a college or university transcript or a certificate or other credential that is fraudulently obtained, altered or forged, or uses or attempts to use as his or her own, a college or university transcript or a certificate or other credential that is for another person, to obtain a teaching certificate, school administrator's certificate or state board approval in this state.

I affirm that the information provided in this application is true, complete, and accurate, and I hereby grant permission for school officials to release information concerning my degree and certification to accreditation and certification agencies.

Applicant's Signature: _____

Date: _____

9. APPLICATION SUBMISSION

Send completed application and attachments to:

Dr. Suzanne Dugger ♦ School Counseling Program Coordinator
304 Porter Building ♦ Department of Leadership & Counseling ♦ Eastern Michigan University ♦ Ypsilanti, Michigan 48197

- OFFICE USE ONLY -

Recommended Denied Signature _____ Date _____

- Grades K-8
- Grades 6-12
- Grades K-12
- Preliminary Employment Authorization as School Counselor (PEASC)
- NT Endorsement on Teaching Certificate (Attach copy of current teaching certificate)
- School Counselor License (SCL)

Notes: _____