

**SAGINAW VALLEY STATE UNIVERSITY  
COLLEGE OF EDUCATION**

**APPLICATION FOR THE PROFESSIONAL EDUCATION CERTIFICATE**

**To avoid delay in processing your application, please complete this form in full.  
Attach all required materials as indicated below.**

When were the coursework requirements for the Professional Education Certificate completed? \_\_\_\_/\_\_\_\_/\_\_\_\_

Level of certificate held:  Elementary Level     Secondary Level

**Submit a photocopy (front only) of your most recent teaching certificate with this application.**

**PERSONAL INFORMATION**

Last Name:	First Name:	Middle Initial:	SS#:
Address:			
City/State/Zip:			
E-Mail Address:			Birthdate:
Day Phone # (include area code):		<input type="checkbox"/> Male (1)	<input type="checkbox"/> Female (2)
Alternate Phone # (include area code):		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Maiden or other name(s) which your records may be listed under:			

- American Indian/Alaskan Native (1)                       White, Not of Hispanic Origin (2)                       Hispanic (5)  
 Black, Not of Hispanic Origin (3)                       Asian/Pacific Islander (4)                       Prefer not to Answer (6)

Identify where three successful years of teaching experience were completed:

School System	Year Began	Year Ended	Months Taught	Superintendent	Address

**NOTE! You must request that your employer(s) forward Teaching Experience Report form(s) to the SVSU Admissions & Certification Office. How many Teaching Experience Report forms are expected to arrive in this office? \_\_\_\_\_**

Please list in order of attendance the colleges/universities where credit(s) for your Professional Education Certificate were earned. **If credit was earned at another college or university after admission to SVSU was granted, you must submit those transcripts with this application.** The transcripts **must** be in a sealed envelope from the college/university where credit was completed.

NAME OF INSTITUTION	CREDIT EARNED	DEGREE EARNED	DATE DEGREE EARNED

What institution recommended you for your initial provisional certificate: \_\_\_\_\_

What is your highest degree earned:  Bachelor's  Master's  Ed.S.  Doctorate

Have you ever been convicted of (or plead no contest to) a felony in Michigan or any other state or jurisdiction?  
 Yes  No If yes, attach court documents indicating the crime of which you were convicted, dates, and sentence imposed with this application.

Have you ever been convicted of (or plead no contest to) a misdemeanor in Michigan or any other state or jurisdiction?  
 Yes  No If yes, attach court documents indicating the crime of which you were convicted, dates, and sentence imposed with this application.

Do you currently have any outstanding criminal charges or warrants of arrest pending against you in Michigan or any other state or jurisdiction?  Yes  No If yes, attach materials indicating the charges pending with this application.

Have you ever had a teaching certificate denied, revoked, or suspended in Michigan or any other state?  
 Yes  No If yes, attach materials that provide an explanation with this application.

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**IF YOU ARE ADDING A NEW SUBJECT AREA TO YOUR CERTIFICATE, PLEASE COMPLETE THE FOLLOWING:**

Please add the following subject area to my certificate: \_\_\_\_\_

Any individual requesting an additional endorsement to an existing teaching certificate after September 1, 1993, must pass the Michigan Test for Teacher Certification (MTTC) in that subject area. The tests are given four times a year at different sites throughout the state. MTTC Registration Booklets are available on campus at the College of Education Admissions and Certification Office and off-campus at the Regional Education Center - Macomb or on-line at [www.mttc.nesinc.com](http://www.mttc.nesinc.com).  
***A photo copy of the test results must be submitted with this application***

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I declare and affirm, under the penalty of committing fraud in the application process, that all statements made in the foregoing application, including accompanying statements, are true, complete, and correct. I further declare and affirm that any conviction that occurs subsequent to the date of this application but prior to issuance of any certificate will be reported, in writing, to Saginaw Valley State University and the Michigan Department of Education. I also affirm that the biographical data is complete, accurate, and truthful to the best of my knowledge.

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Signature of Applicant

Date

RETURN APPLICATION TO:

Admissions & Certification Office  
SVSU Regional Education Center  
7400 Bay Road  
University Center, MI 48710  
Phone: 989-964-4057 (option #3)  
Fax: 989-964-4385