

Michigan Provisional Certificate Renewal Application



Last _____ First _____ Middle _____ Maiden _____

Mailing Address _____

City _____ State or Province _____

Zip Code _____ Country (if other than U.S.) _____

Student ID Number or Last Four Digits of Social Security Number _____

Birthdate _____ Telephone (_____) _____

Email _____

Provisional Certificate: ___Elementary ___Secondary

Course Work Taken Since Receiving Original Michigan Provisional Certificate

College or University	Dates of Attendance	Semester Hours Earned
Total Number of Semester Hours:		

**The Michigan Department of Education requires the following information from all applicants:
(Circle Yes or No)**

- | | | |
|---|------------|-----------|
| 1. Have you ever been convicted of or pled no contest to a felony or misdemeanor? | Yes | No |
| 2. Do you currently have any charges pending? | Yes | No |
| 3. Have you ever had a teaching certificate or other professional license denied, revoked, nullified, or surrendered? | Yes | No |

If you answered yes to any of the above questions, attach a signed explanation. It is your responsibility to notify the Associate Dean for Teacher Education of any misdemeanor or felony charges and convictions while you are a student at Calvin. Certain convictions must be reported to the state of Michigan, and this process may delay or prevent your teacher certification.

**Michigan Department of Education
Teacher Preparation and Certification Services
Certification Fee Agreement**

Public Act 339 of 1988 authorizes collection of fees for teacher certification in Michigan in accordance with the fee schedule listed below. Payment of the fee is a certificate requirement that must be met prior to the issuance of your Michigan teaching certificate.

Type of Certificate	Michigan Department of Education Fee
Provisional Teaching Certificate	\$160
Professional Teaching Certificate	\$160
Additional Endorsement	\$50
Renewal of Provisional Teaching Certificate	\$100
Renewal of Professional Teaching Certificate	\$160

I have authorized my college or university to recommend me for a renewal of my Provisional Teaching Certificate. I understand that I will be charged a fee for my certificate, in accordance with Public Act 339 of 1988, and will be billed for the amount owed. I will have five years to send payment to the Michigan Department of Education.

Student Number _____ Date _____ Signature _____

Return this application to:

Teacher Certification Coordinator
Calvin College
3201 Burton Street SE
Grand Rapids, MI 49546
Phone: (616) 526-6208
Fax: (616) 526-6505