

Physical Education for Students with Disabilities (SP) K-12 Approval Application

College of Education – 2217 Sangren Hall – PH: 269-387-3473
Western Michigan University

Mail or Fax application, copy of Michigan teaching certificate, and planned program (not required if you completed the master's degree) signed by your advisor to: Teacher Certification Office, Western Michigan University, 1903 W Michigan Avenue, Kalamazoo, Michigan 49008-5260. **Fax (269) 387-3404**

Print name as you want it printed on your certificate (25 letters & spaces allowed):

Social Security No.: _____ - _____ - _____

NAME: _____ Other/Maiden: _____
Last First Middle

Daytime Phone Number: _____ E-Mail Address _____

Mailing Address for Certificate:

_____ City State Zip
Number/Street

Birth Date: _____

Sex: Male ___ Female ___

Race/Ethnic Categories:

- | | | | |
|----------------------------------|--------------------------|------------------------------|--------------------------|
| 1. Native American | <input type="checkbox"/> | 4. Asian or Pacific Islander | <input type="checkbox"/> |
| 2. White, not of Hispanic origin | <input type="checkbox"/> | 5. Hispanic | <input type="checkbox"/> |
| 3. Black, not of Hispanic origin | <input type="checkbox"/> | 6. I do not wish to respond | <input type="checkbox"/> |

Degree Earned:	Institution & Date Awarded:
B.A. / B.S.	
M.A.	

Course work for the requested K-12 approval was completed as:

___ 22 hours of approved Special (Adapted) Physical Education courses completed on (date) _____.
 ♦Please attach a copy of your planned program sign by your advisor to application.

___ a completed master's degree in Special (Adapted) Physical Education from WMU on (date) _____.

Pursuant to Public Act 68 of 1993 and Public Act 83 of 1995, please check the following as it pertains to you:

- | | | |
|-------------|-----------|--|
| YES* | NO | |
| _____ | _____ | 1. Have you ever been convicted of (or plead no contest) to a misdemeanor or felony? |
| _____ | _____ | 2. Have you ever had a certificate denied, revoked, nullified, or have you ever surrendered a teaching certificate? |
| _____ | _____ | 3. Do you have any outstanding criminal charges/warrants <i>currently</i> pending in Michigan or in any other state? |

* NOTE: If you answered YES for any of these questions, you are **required** to attach the Judgment of Sentence or Register of Action from the Court System(s).

FEES: Beginning April 1, 1989, Act 339 of the Public Acts of 1988 was implemented. By signing and returning this application, you are agreeing to pay the required certification fee and requesting that the Michigan certificate be issued. After Western has made a recommendation to the Michigan Department of Education, you will receive a bill for the amount owed. Only after receipt of payment (by the Michigan Department of Education) of payment will you be issued the requested certificate.

Permission is given to Western Michigan University to release pertinent data and transcripts of my records for recommendation of my teacher certification to the Michigan Department of Education.

Signature _____ **Date** _____