Bureau of Professional Licensing
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BPLHelp

CERTIFICATION OF PRACTICE IN AN ACADEMIC INSTITUTION

Authority: 1978 PA 368

This form must be submitted directly to this office by the Director of Medical Education office where you practiced under a clinical academic limited license. If this form is submitted by the applicant, it will not be accepted.

Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	Email Address	
Applicant's Signature	Date	

Remainder of Form to be Completed by Director of Medical Education:

Name of Academic Institution		
Address of Institution		
City	State	Zip Code

CERTIFICATION AND SIGNATURE

I certify the applicant named above has been duly appointed to this academic institute in the clinical area of _____,

beginning _____ and ending _____.
(Month/Day/Year) (Month/Day/Year)

The applicant is appointed to the following position: Medical School Faculty Research

I further certify that the above named academic institute meets all of the following requirements:

A. Was the sole sponsor or a co-sponsor, if each other co-sponsor is either a medical school approved by the board or a hospital owned by the federal government and directly operated by the United States department of veterans' affairs, of not less than 4 postgraduate education residency programs approved by the board under section 17031(1) for not less than the 3 years immediately preceding the date of an application for a limited license under section 16182(2)(c) or an application for a full license under section 17031(2), provided that at least 1 of the residency programs is in the specialty area of medical practice, or in a specialty area that includes the subspecialty of medical practice, in which the applicant for a limited license proposes to practice or in which the applicant for a full license has practiced for the hospital.

B. Has spent not less than $2,000,000.00 for medical education during each of the 3 years immediately preceding the date of an application for a limited license under section 16182(2)(c) or an application for a full license under section 17031(2). As used in this subparagraph, "medical education" means the education of physicians and candidates for degrees or licenses to become physicians, including, but not limited to, physician staff, residents, interns, and medical students.

_____ _____
Signature of Director of Medical Education Date

_____ (Seal) If hospital has no seal, please indicate.
Print or Type Name of Director of Medical Education

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