

Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Tolophone: (517) 241-0199

Telephone: (517) 241-0199 www.michigan.gov/bpl

BPLData@michigan.gov

CERTIFICATION OF APPOINTMENT TO AN ACADEMIC INSTITUTION

Authority: 1978 PA 368

This form must be submitted directly to this office by the Director of Medical Education office. If this form is submitted by the applicant, it will not be accepted.

Applicant Information:					
Applicant's First Name	Middle Name		Last Name	Last Name	
Date of Birth (MM/DD/YYYY)		Last 4-digits of Social Security Number			
Address					
City		State		Zip Code	
Telephone Number		Email Address			
Remainder of Form to be Completed by the Director of Medical Education Name of Academic Institution					
Name of Academic Institution					
Address of Academic Institution					
City		State	Zip Cod	Zip Code	
CERTIFICATION AND SIGNATURE					
I certify the applicant named above has been duly appointed to the institution named above in the clinical area of					
hoginning and anding					
beginning and ending, (Month/Day/Year) (Month/Day/Year)					
I further certify that the appointment complies with the requirements of MCL 333.17001 of the Public Health Code, Act 368 of 1978 and Administrative Rule 338.2435.					
	_				
Signature of Director of Medical Education		Date			
Print or Type Name of Director of Medical Education	_	(Seal) If acad	emic institution ha	s no seal, please indicate.	
Thin of Type Name of Director of Medical Education	1				

LARA/BPL-MEDCERTOFAPPTACADINST (Rev. 3/2025)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.