



Bureau of Professional Licensing  
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**CLINICAL ACADEMIC LIMITED M.D. RENEWAL CERTIFICATION OF  
 APPOINTMENT TO AN ACADEMIC POSITION**

Authority: 1978 PA 368

Your license will not be renewed until we receive this information.

Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number
Hospital Name or Academic Institution		
Hospital or Academic Institution Street Address		
City	State	Zip Code
Program Name	Program Start Date	
<p align="center">I am continuing my clinical academic appointment in the <i>same program</i> at the <i>same location</i> as shown above.</p> <p align="center">I am continuing my clinical academic appointment, but will transfer to a <i>new program</i> as shown above.</p>		
Signature of Director of Medical Education		Date