



Bureau of Professional Licensing  
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 Telephone: (517) 373-8068  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
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## MICHIGAN NURSING SCHOOL CERTIFICATION

Authority: 1978 PA 368

If this form is not completed, a license will not be issued

The Dean, Director, or Registrar of the nursing program in Michigan completes the information below and submits this certification directly to the Michigan Board of Nursing either by mail or email at the address shown above. Out-of-state, Canadian, and foreign nursing graduates MUST have their nursing school submit final official transcripts showing the degree earned and graduation date.

**Print or Type**

Student's Name (First, Middle, Last)			
Student's Social Security Number	Student's Date of Birth		
Name of Nursing School where Student Graduated from			
Location of Nursing School			
Date of Completion			
<p>I further certify that the applicant has fulfilled all requirements for:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 10px;">           L.P.N. Certificate         </td> <td style="width: 50%; vertical-align: top; padding: 10px;">           R.N. an Associate Degree a Bachelor Degree         </td> </tr> </table> <p>which will be conferred on _____.</p> <p style="text-align: center;">(Month/Day/Year)</p>		L.P.N. Certificate	R.N. an Associate Degree a Bachelor Degree
L.P.N. Certificate	R.N. an Associate Degree a Bachelor Degree		
_____ Signature of Dean, Director, or Registrar	_____ Date of Signature		
_____ Type or Print Name of Dean, Director, or Registrar	(SEAL)		