

## CLINICAL ACADEMIC LIMITED RENEWAL CERTIFICATION OF APPOINTMENT TO A

VETERINARY ACADEMIC POSITION

Authority: 1978 PA 368

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

## Section of Form to be Completed by Applicant:

Middle Name	Last Name	
Date of Birth (MM/DD/YYYY)	10-Digit MI Permanent ID/License Number	
		Date

## Section of Form to be Completed by Program:

Institution Name			
Institution Street Address			
City	State	Zip Code	
Program Name		Program Start Date (MM/DD/YYYY)	
Please select one:			
Licensee will be continuing their clinical academic limited appointment in the same program at the same location as shown above			
□Licensee will be continuing their clinical academic limited appointment, but will transfer to a <i>new program</i> as shown above			
Signature of Director of Veterinary Education	C	Date	