

**BOARD OF OSTEOPATHIC MEDICINE - CLINICAL ACADEMIC LIMITED RENEWAL
 CERTIFICATION OF APPOINTMENT TO AN ACADEMIC POSITION**

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

**YOUR LICENSE WILL NOT BE RENEWED UNTIL WE RECEIVE THIS
 INFORMATION REGARDLESS OF THE PAYMENT METHOD YOU USE**

INSTRUCTIONS: Please type or print on this form. Check the appropriate box, fill in all requested information, and submit this form to the Director of Medical education for the required signature.

- I am continuing my academic appointment in the same program at the same location as shown below.
- I am continuing my academic appointment but will transfer to a **new hospital and/or program** as shown below.

This form must be completed in its entirety.

First Name:	Middle Name:	Last Name:
Michigan Permanent I.D./License Number:		Social Security Number:

Hospital Name:		
Program Name:		Program Start Date:
Hospital Street Address:		
City:	State:	Zip Code:

Signature of Director of Medical Education:	Date:
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