

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Professions
P.O. Box 30192
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

**BOARD OF VETERINARY MEDICINE - EDUCATIONAL LIMITED RENEWAL
CERTIFICATION OF APPOINTMENT TO A POST GRADUATE TRAINING PROGRAM**

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 Department Chair for the required signature.

- I am continuing my educational limited appointment in the same program at the same location as shown below.
- I am continuing my education limited appointment but will transfer to a **new 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:

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

Signature of Department Chair:	Date:
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