

Michigan Department of Licensing and Regulatory Affairs

Board of Nursing

P.O. Box 30193

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

MICHIGAN NURSING SCHOOL CERTIFICATION

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

INSTRUCTIONS FOR COMPLETION:

Dean, Director or Registrar of the nursing program please complete the following information. Return this completed certification directly to the Michigan Board of Nursing at the address shown above.

I certify that _____
(Applicant's Name)

Social Security Number _____ Date of Birth _____

matriculated in the _____
(Name of School of Nursing)

_____, _____
(City) (State)

_____ and completed the program on _____
(Month/Day/Year) (Month/Day/Year)

I further certify that the applicant has fulfilled all requirements for:

L.P.N.

[] a Certificate

R.N.

- [] a Diploma
[] an Associate Degree
[] a Baccalaureate Degree

which will be conferred _____
(Month/Day/Year)

Signature of Dean or Registrar

Date of Signature

Print or Type Name of Dean or Registrar

(SEAL)

If school has no seal, please indicate