

Michigan Department of Community Health  
Bureau of Health Professions  
P.O. Box 30192  
Lansing, MI 48909  
(517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

**BOARD OF 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 Director of Medical Education 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 educational 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 Health Professional 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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