



Bureau of Professional Licensing  
 PO Box 30670 • Lansing, MI 48909  
 Telephone: (517) 335-0918  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

## CERTIFICATION OF COMPLETION OF MESSAGE THERAPY SUPERVISED CURRICULUM

Authority: 1978 PA 368

### Section of Form to be Completed by Applicant:

Applicant's First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)
List any other name or alias by which you have ever been known, including maiden name, if applicable			
Name of Educational Institution/Program			
Street Address of Educational Institution/Program			
City	State	Zip Code	

### Remainder of Form to be Completed by the Program Director

#### CERTIFICATION AND SIGNATURE

I certify the applicant named above attended the educational institution noted from \_\_\_\_\_  
 (Month/Day/Year)  
 to \_\_\_\_\_  
 (Month/Day/Year Completed)

I certify the applicant has successfully completed a supervised curriculum that satisfies the requirements of the Administrative Rules and Public Health Code as indicated below (check appropriate box):

If the applicant is or was enrolled in school **before** August 1, 2017, 500 hours of coursework that satisfies the requirements of R 338.722(1) and MCL 333.17959 of the Public Health Code.

**OR**

If the applicant is or was enrolled in school on or after August 1, 2017 but before January 10, 2020, 625 hours of coursework that satisfies the requirements of R 338.722(1) and MCL 333.17959 of the Public Health Code.

**OR**

If the applicant enrolled in school on or **after** January 10, 2020, 625 hours of coursework that satisfies the requirements of R 338.722(2), R 338.726 and MCL 333.17959 of the Public Health Code.

I certify under penalty of perjury the above information is true and complete.

\_\_\_\_\_  
 Signature of Program Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Program/School

(Seal)      If academic institution has no seal, please indicate.