



PROTECT PEOPLE & PROMOTE BUSINESS

Bureau of Professional Licensing
PO Box 30670 • Lansing, MI 48909
Telephone: (517) 241-0199
www.michigan.gov/bpl
BPLData@michigan.gov

CERTIFICATION OF MEDICAL EDUCATION
FOR GRADUATES OF MEDICAL SCHOOLS LOCATED IN THE UNITED STATES,
ITS TERRITORIES, THE DISTRICT OF COLUMBIA OR THE DOMINION OF CANADA

Authority: 1978 PA 368

This form must be submitted directly to this office by the dean or registrar of the medical school. If this form is submitted by the applicant, it will not be accepted.

Applicant Information:

Form with fields for Applicant's First Name, Middle Name, Last Name, Date of Birth, Address, City, State, Zip Code, Telephone Number, Last 4-digits of Social Security Number, Name of Medical School, and License type options (MD Educational Limited License, MD Full License, DO Educational Limited License, DO Full License).

Remainder of Form to be Completed by the Dean or Registrar of the Medical School

Form with fields for Name of Medical School, Address of Medical School, City, State, and Zip Code.

CERTIFICATION AND SIGNATURE

I certify the applicant named above has graduated or is expected to graduate within 3 months after the date of application for licensure from an approved medical school or osteopathic medical school on (Month/Day/Year).

Signature of Dean or Registrar

Date

(Seal)

Print or Type Name of Dean or Registrar

NOTE: Form will not be accepted if submitted more than 3 months prior to graduation and/or the date of application for licensure.