

MICHIGAN NURSING SCHOOL CERTIFICATION OF COMPLETION

Authority: 1978 PA 368

If this form is not completed, a license will not be issued

The Dean, Director, or Registrar of a nursing program in Michigan completes the information below and submits this certification directly to the Michigan Board of Nursing at BPL-NurseCert@michigan.gov in a PDF. **Out-of-state and Canadian Applicants** do not use this form. They **MUST** have their nursing school submit final official transcripts, showing the degree earned and graduation date via USPS to the address listed above or use a digital credential service and send to BPLData@michigan.gov.

Print or Type

Student's First Name	Middle Name	Last Name
Student's Social Security Number	Student's Date of Birth (MM/DD/YYYY)	
Name of Nursing School where Student Graduated from		Program Code
Location of Nursing School		
Nursing Program Completion Date (<i>this is the date we will use to make the student eligible to take the NCLEX</i>) (Month/Day/Year)		

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

Nursing Programs: Licensed Practical Nurse and Registered Nurse

- | | |
|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> LPN/Certificate | <input type="checkbox"/> RN/Bachelor Degree |
| <input type="checkbox"/> RN/Associate Degree | <input type="checkbox"/> RN/Master's Degree |

Conferred Date: _____
This is the graduation/commencement date (Month/Day/Year)

 Signature of Dean, Director, or Registrar

 Date of Signature

 Type or Print Name of Dean, Director, or Registrar