



Bureau of Professional Licensing  
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 Telephone: (517) 241-0199  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPL-nursecert@michigan.gov](mailto:BPL-nursecert@michigan.gov)

## 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](mailto: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](mailto: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

**LPN/Certificate**

**RN/Bachelor Degree**

**RN/Associate Degree**

**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