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

CERTIFICATION OF ACUPUNCTURE SUPERVISORY RESPONSIBILITIES

Authority: 1978 PA 368

A separate form must be submitted directly to this office by each supervising physician who is acknowledging assumption of the supervisory responsibilities. If this form is submitted by the applicant, it will not be accepted.

Print or Type

Applicant's First Name	Middle Name	Last Name	Applicant's Date of Birth

Applicant's Place of Employment (Organization Name)

Street Address of Applicant's Place of Employment

City	State	Zip Code

Supervisor's Name (First, Middle, Last)	Registration/License/Credential Number	Date Issued

CERTIFICATION AND SIGNATURE

I certify and acknowledge assumption of the supervisory responsibilities to the applicant named above, as required under section 16109(2) of the code, MCL 333.16109 beginning on _____.
(Month/Day/Year)

I will be available on a regularly scheduled basis to review the practice of the applicant, provide consultation, review records, and further educate the applicant. I will be continuously available for direct communication in person or by radio, telephone, or telecommunication.

I declare that the information contained in this document is true and correct.

_____ _____
Signature Date