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## CERTIFICATION OF ENROLLMENT IN A DOCTORAL DEGREE PROGRAM FOR PSYCHOLOGY

Authority: 1978 PA 368

**NOTE: THIS FORM IS ONLY REQUIRED FOR DOCTORAL LEVEL LICENSES**

This form must be submitted directly to this office by the Director of Education or the Registrar of the Institution in which you are enrolled in a Psychology doctoral degree program. It should be sent along with a copy of your transcript directly to the Michigan Board of Psychology. If this form is submitted by the applicant, it will not be accepted.

**Print Clearly 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 Educational Institution		
Street Address of Educational Institution		
City	State	Zip Code
Date of Admission	Discipline/Program Title	

### CERTIFICATION AND SIGNATURE

I certify the applicant named above is currently enrolled in the psychology doctoral program at this educational institution.

\_\_\_\_\_  
 Signature of Dean, Program Director or Registrar

\_\_\_\_\_  
 Date of Signature

\_\_\_\_\_  
 Type or Print Name of Dean, Director, or Registrar

SEAL – (If school has no seal, please indicate)

\_\_\_\_\_  
 Title