



Bureau of Professional Licensing
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DENTISTRY EDUCATIONAL LIMITED LICENSE RENEWAL CERTIFICATION OF APPOINTMENT TO A POSTGRADUATE TRAINING PROGRAM

Authority: 1978 PA 368

Your license will not be renewed until we receive this information.

Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number	
Name of Hospital or Institution			
Address of Hospital or Institution			
City	State	Zip Code	
Program Name		Program Start Date	
<p>I am continuing my educational limited appointment in the <i>same program</i> at the <i>same location</i> as shown above.</p> <p>I am continuing my educational limited appointment, but will transfer to a <i>new program</i> as shown above.</p>			
Signature of Director of Medical Education		Date	