Bureau of Professional Licensing
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Telephone: (517) 241-0560
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BPLHelp

CERTIFICATION OF PRACTICE IN AN ACADEMIC INSTITUTION

Authority: 1978 PA 368

This form must be submitted directly to this office by the Director of Medical Education office where you practiced under a clinical academic limited license. A separate form will need to be submitted by each academic institution in which the applicant practiced under. If this form is submitted by the applicant, it will not be accepted.

Applicant Information:

Licensee's First Name	Middle Name	Last Name
Telephone Number	Date of Birth (MM/DD/YYYY)	10-Digit MI Permanent ID/License Number

Remainder of Form to be Completed by Director of Medical Education:

Name of Academic Institution		
Address of Academic Institution		
City	State	Zip Code

CERTIFICATION AND SIGNATURE

I certify the applicant named above has functioned not less than 800 hours per year in the observation and treatment of patients for the above academic institution. In doing so, the applicant practiced medicine safely and competently

beginning ______________________________ and ending ______________________________,
Month/Day/Year) (Month/Day/Year)

I further certify that the above named academic institute meets the requirements of MCL 333.17001 of the Public Health Code, Act 368 of 1978.

____ ____
Signature of Director of Medical Education Date

____ (SEAL) If hospital has no seal, please indicate.
Print or Type Name of Director of Medical Education

LARA/BPL-MEDCERTCLINPRAC (Rev. 7/18)

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