



Bureau of Professional Licensing  
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### CERTIFICATION OF APPOINTMENT TO AN ACADEMIC INSTITUTION

Authority: 1978 PA 368

This form must be submitted directly to this office by the Director of Medical Education office. If this form is submitted by the applicant, it will not be accepted.

**Applicant Information:**

Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	Email Address	

**Remainder of Form to be Completed by the 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 been duly appointed to the institution named above in the clinical area of

\_\_\_\_\_

beginning \_\_\_\_\_ and ending \_\_\_\_\_,  
(Month/Day/Year) (Month/Day/Year)

I further certify that the appointment complies with the requirements of MCL 333.17001 of the Public Health Code, Act 368 of 1978 and Administrative Rule 338.2435.

\_\_\_\_\_  
Signature of Director of Medical Education

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Director of Medical Education

(Seal) If academic institution has no seal, please indicate.