Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLData@michigan.gov

CERTIFICATION OF APPOINTMENT TO A MICHIGAN TRAINING HOSPITAL FOR A MEDICAL DOCTOR LICENSE

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 First Name	Middle Name	Last Name	
Address			
City		State	Zip Code
Date of Birth (MM/DD/YYYY)	Telephone Number	Email Address	

Remainder of Form to be Completed by Director of Medical Education

Name of Training Hospital			
Address of Hospital			
City	State	Zip Code	ACGME Program Number (If applicable)

CERTIFICATION AND SIGNATURE

I certify the applicant named above has been duly appointed to the training program in the clinical area of

_____
(Program Name)

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

Per R338.2421(2), is this an active postgraduate training program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME)?

☐ Yes ☐ No

_____ _____
Signature of Director of Medical Education Date

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