



PROTECT PEOPLE &
PROMOTE BUSINESS

Bureau of Professional Licensing
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EDUCATIONAL LIMITED RENEWAL CERTIFICATION OF ADMITTANCE TO A POSTGRADUATE TRAINING PROGRAM

Authority: 1978 PA 368

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

Section of Form to be Completed by Applicant:

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

Section of Form to be Completed by Program:

| | | |
|--|-------|---------------------------------|
| Hospital Name or Institution | | |
| Hospital or Institution Street Address | | |
| City | State | Zip Code |
| Program Name | | Program Start Date (MM/DD/YYYY) |
| Please select one: <input type="checkbox"/> Licensee will be continuing their educational limited appointment in the <i>same program</i> at the <i>same location</i> as shown above <input type="checkbox"/> Licensee will be continuing their educational limited appointment, but will transfer to a <i>new program</i> as shown above | | |
| Signature of Director of Medical Education | | Date |