



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 241-0199
www.michigan.gov/bpl
BPL-nursecert@michigan.gov

MICHIGAN NURSING SCHOOL CERTIFICATION

Authority: 1978 PA 368

If this form is not completed, a license will not be issued

The Dean, Director, or Registrar of a nursing program in Michigan completes the information below and submits this certification directly to the Michigan Board of Nursing at BPL-NurseCert@michigan.gov in a PDF. Out-of-state and Canadian Applicants do not use this form. They **MUST** have their nursing school submit final official transcripts, showing the degree earned and graduation date to BPLData@michigan.gov in a PDF or to the address listed above.

Print or Type

Student's First Name	Middle Name	Last Name
Student's Social Security Number		Student's Date of Birth (MM/DD/YYYY)
Name of Nursing School where Student Graduated from		Program Code
Location of Nursing School		
Nursing Program Completion Date <i>(this is the date we will use to make the student eligible to take the NCLEX)</i> (Month/Day/Year)		

I further certify that the applicant has fulfilled all requirements for:

Licensed Practical Nurse (LPN)

Certificate

Registered Nurse (RN)

Associate Degree
 Bachelor Degree

Conferred Date: _____
This is the graduation/commencement date (Month/Day/Year)

 Signature of Dean, Director, or Registrar

 Date of Signature

 Type or Print Name of Dean, Director, or Registrar