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 PROGRAM FOR AN OSTEOPATHIC PHYSICIAN LICENSE

Authority: 1978 PA 368

This form must be submitted directly to this office by the training program. 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 the Medical Director or Superintendent of Training Hospital:

Name of Hospital or Institution			
Address of Hospital or Institution			
City	State	Zip Code	AOA or ACGME Program Approval Number (If applicable)

CERTIFICATION AND SIGNATURE

I certify the applicant named above has been duly appointed to a training program in

_____
(Program Name)

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

I further certify that this active postgraduate training program is accredited by one of the following: American Osteopathic Association Council (AOA) or the Accreditation Council for Graduate Medical Education (ACGME).

_____ _____
Signature of Medical Director or Superintendent Date

_____
Print or Type Name of Medical Director or Superintendent (Seal) If academic institution has no seal, please indicate.