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

CERTIFICATION OF POSTGRADUATE RESIDENCY TRAINING OR PRECEPTORSHIP

Authority: 1978 PA 368

This form must be submitted directly to this office by the Preceptor or Program Director. If this form is submitted by the applicant, it will not be accepted. Completion of a preceptorship program after January 31, 2020 will not be accepted (R 338.8103).

Applicant's Name:

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 Preceptor or Program Director.

Name of Training Hospital or Preceptor		
Address of Hospital or Preceptor Office		
City	State	Zip Code

CERTIFICATION AND SIGNATURE

I certify the applicant named above has successfully completed a postgraduate residency or preceptorship, offered by the above

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

If the training was completed in a hospital, was the program accredited by CPME? Yes No

If the training was completed through a preceptor, was the preceptor approved by the Board? Yes No

____
Signature of Preceptor or Program Director

____
Date

____
Print or Type Name of Preceptor or Program Director

(Seal) If hospital has no seal, please indicate.

NOTE: This form cannot be submitted to the Department more than 15 days prior to completion.

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