



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

Authority: 1978 PA 368

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

This form must be completed in its entirety.

Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number	
Hospital Name, Institution or Preceptorship			
Hospital, Institution or Preceptorship Street Address			
City	State	Zip Code	
Program Name		Program Start Date	
<p>I am continuing my educational limited appointment in the <i>same program</i> at the <i>same location</i> as shown above.</p> <p>I am continuing my educational limited appointment, but will transfer to a <i>new program</i> as shown above.</p>			
Signature of Director of Medical Education or Preceptor			Date