



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

VERIFICATION OF EMPLOYMENT IN AN EDUCATIONAL SETTING

Authority: 1978 PA 368

THIS FORM IS ONLY REQUIRED FOR LIMITED LICENSE RENEWALS.

This form must be completed by your employer.

Print or Type

Applicant's Name (First, Middle, Last)		Michigan Permanent I.D./License #
Applicant's Place of Employment		Applicant's Position/Title
Address of Employment		
City	State	Zip Code
Starting Date of Employment (Month/Day/Year)		

CERTIFICATION AND SIGNATURE

I certify the Speech-Language Pathologist named above is currently employed at this Educational Institution.

Signature and Title

Date

Print Name