



Bureau of Professional Licensing
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BPLHelp@michigan.gov

EDUCATIONAL LIMITED RENEWAL CERTIFICATION OF ADMITTANCE TO A VETERINARY POSTGRADUATE TRAINING PROGRAM

Authority: 1978 PA 368

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

Section of Form to be Completed by Applicant:

Licensee's First Name	Middle Name	Last Name
Social Security Number	Date of Birth (MM/DD/YYYY)	10-Digit MI Permanent ID/License Number
Signature of Licensee		Date

Section of Form to be Completed by Program:

Institution Name			
Institution Street Address			
City	State	Zip Code	
Program Name			Program Start Date (MM/DD/YYYY)
Please select one: <input type="checkbox"/> Licensee will be continuing their educational limited appointment in the <i>same program</i> at the <i>same location</i> as shown above <input type="checkbox"/> Licensee will be continuing their educational limited appointment, but will transfer to a <i>new program</i> as shown above			
Signature of Director of Veterinary Education			Date