

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

## PSYCHOLOGY CERTIFICATION OF ENROLLMENT IN AN APA ACCREDITED DOCTORAL DEGREE PROGRAM

Authority: 1978 PA 368

**NOTE**: This form is required for those admitted into an **American Psychological Association (APA)** accredited psychology doctoral degree program. The intent of the Psychologist-Doctoral Temporary Educational Limited License is to complete the doctoral degree and internship. This license type does not meet the requirements to take the EPPP.

This form must be submitted directly to this office by the Director of Education or the Registrar of the Institution in which you are enrolled in an **APA** accredited psychology doctoral degree program. If this form is submitted by the applicant, it will not be accepted.

Print Clearly or Type				
Student's First Name Middle Nar			Last Name	
Student's Social Security Number		Student's Date of Birth (MM/DD/YYYY)		
Name of <b>APA</b> accredited Educations	al Program - Institution			
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Street Address of Educational Progr	ram - Institution			
City		State	Zip Cod	de
Date of Admission		Discipline/Program Title		
Date of Administration				
	Certification	on and Signat	ure	
By signing this form, I acknow	wledge the person name	ed on this form is	currently enro	
this educational institution an	d the program is accred	dited by the Ame	rican Psycholo	ogical Association (APA).
Signature of Dean, Program Director or Registrar		Date of Signature		
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Print name of Dean, Directo	or or Registrar & Title			

LARA-BPL-PsyDLLP (rev 4/24)

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