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

## CERTIFICATION OF PREVIOUS ACUPUNCTURE EXPERIENCE

Authority: 1978 PA 368

A separate form must be submitted directly to this office by each supervising physician. If this form is submitted by the applicant, it will not be accepted.

**Print Clearly or Type**

| Applicant's First Name | Middle Name | Last Name | Applicant's Date of Birth |
|---|---|---|---|
| | | | |

| Applicant's Place of Employment (Organization Name) |
|---|
| |

| Street Address of Applicant's Place of Employment |
|---|
| |

| City | State | Zip Code |
|---|---|---|
| | | |

| Supervisor's Name (First, Middle, Last) | Registration/License/Credential Number | Date Issued |
|---|---|---|
| | | |

### CERTIFICATION AND SIGNATURE

I certify the applicant above has been performing acupuncture under my supervision for a minimum of 2 years before March 4, 2020. The supervision began _________________.
(Month/Day/Year)

I declare that the information contained in this document is true and correct.

_______________________________ Signature

_______________________________ Date



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