



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

CERTIFICATION OF SPECIALTY PROGRAM

Authority: 1978 PA 368

This form must be submitted directly to this office by the CODA-accredited dental specialty program. If the program was completed at a hospital, the form may be submitted directly to this office by the hospital administrator.

Applicant's Name (First, Middle, Last)		Date of Birth
Name of School or Hospital	Name of Program	

Remainder of Form to be Completed by Program Director/Hospital Administrator:

CERTIFICATION AND SIGNATURE	
I certify that the above-named applicant has graduated from a CODA-accredited dental specialty program in	
_____	on _____
(specialty program name)	(date of completion)
Signature of Program Director/Hospital Administrator _____	Date _____
Print or Type Name and Title of Program Director/Hospital Administrator _____	(Seal)