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CERTIFICATION OF APPOINTMENT TO AN ACADEMIC INSTITUTION

Authority: 1978 PA 368

This form must be submitted directly to this office by the Director of Medical Education office. If this form is submitted by the applicant, it will not be accepted.

Applicant Information:

Form with fields: Applicant's First Name, Middle Name, Last Name, Date of Birth (MM/DD/YYYY), Last 4-digits of Social Security Number, Address, City, State, Zip Code, Telephone Number, Email Address.

Remainder of Form to be Completed by the Director of Medical Education

Form with fields: Name of Academic Institution, Address of Academic Institution, City, State, Zip Code.

CERTIFICATION AND SIGNATURE

I certify the applicant named above has been duly appointed to the institution named above in the clinical area of

\_\_\_\_\_

beginning \_\_\_\_\_ and ending \_\_\_\_\_
(Month/Day/Year) (Month/Day/Year)

I further certify that the appointment complies with the requirements of MCL 333.17001 of the Public Health Code, Act 368 of 1978 and Administrative Rule 338.2435.

Signature of Director of Medical Education

Date

(Seal)

Print or Type Name of Director of Medical Education

If academic institution has no seal, please indicate