



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLHelp@michigan.gov

CLINICAL ACADEMIC LIMITED RENEWAL CERTIFICATION OF APPOINTMENT TO AN ACADEMIC POSITION

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

Section of Form to be Completed by Program:

Hospital Name or Institution		
Hospital or 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 clinical academic appointment in the <i>same program</i> at the <i>same location</i> as shown above <input type="checkbox"/> Licensee will be continuing their clinical academic appointment, but will transfer to a <i>new program</i> as shown above		
Signature of Director of Medical Education		Date