



PROTECT PEOPLE &
PROMOTE BUSINESS

Bureau of Professional Licensing
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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 |
| Last 4-digits of 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 |