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

VERIFICATION OF NURSING HOME ADMINISTRATOR EMPLOYMENT

Authority: 1978 PA 368

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

Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	Email Address	
Name of Hospital		
Address of Hospital		
City	State	Zip Code

CERTIFICATION AND SIGNATURE

I certify the above-named applicant has been employed as a chief executive or administrative officer at a state-licensed hospital from _____ to _____.
Date Date

_____ _____
Signature of President/Director Date

_____
Print or Type Name of President/Director (Seal) If hospital has no seal, please indicate.

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