



Bureau of Professional Licensing  
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## MICHIGAN NURSING SCHOOL CERTIFICATION OF COMPLETION

Authority: 1978 PA 368

If this form is not completed, a license will not be issued

The Dean, Director, or Registrar of a nursing program in Michigan completes the information below and submits this certification directly to the Michigan Board of Nursing at [BPL-NurseCert@michigan.gov](mailto:BPL-NurseCert@michigan.gov) in a PDF. **Out-of-state and Canadian Applicants** do not use this form. They **MUST** have their nursing school submit final official transcripts, showing the degree earned and graduation date via USPS to the address listed above or use a digital credential service and send to [BPLData@michigan.gov](mailto:BPLData@michigan.gov).

### Print or Type

Student's First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)
Name of Nursing School where Student Graduated from			Program Code
Location of Nursing School			
Nursing Program Completion Date (The date used to make the student eligible to take the NCLEX) (Month/Day/Year)			

### CERTIFICATION AND SIGNATURE

I certify that the applicant named above has fulfilled all requirements for the program checked below:

#### Nursing Programs: Licensed Practical Nurse and Registered Nurse

LPN Certificate

RN Bachelor's Degree

RN Associate Degree

RN Master's Degree

Conferred Date: \_\_\_\_\_  
This is the graduation/commencement date (Month/Day/Year)

\_\_\_\_\_  
Signature of Program Director, or Registrar

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Type or Print Name of Director, or Registrar