PROTECT PEOPLE & PROMOTE BUSINESS

Bureau of Professional Licensing
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CERTIFICATION OF APPOINTMENT TO A MICHIGAN TRAINING HOSPITAL

Authority: 1978 PA 368

This form must be signed and submitted directly to this office by the Director of Medical Education office.

CHECK THE APPROPRIATE BOX: ☐ INITIAL LICENSURE ☐ RENEWAL OF ACTIVE LICENSE

Applicant Information:

Applicant's First Name	Middle Name	Last Name
Date of Birth (MM/DD/YYYY)	Last 4-digits of Social Security Number	**For renewal only-list MI Educational Limited License Number**

Remainder of Form to be Completed by Director of Medical Education

Name of Training Hospital			
Address of Hospital			
City	State	Zip Code	ACGME/AOA/CPME Program Number (If applicable)

CERTIFICATION AND SIGNATURE

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

____
(Program Name)

beginning ________________________.
(Month/Day/Year)

PLEASE CHECK APPROPRIATE BOX BELOW:

☐ **MD ONLY -** I certify that this is an active postgraduate training program accredited by the ACGME, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada or the Canadian Medical Association's Conjoint Accreditation Services.

☐ **DO ONLY -** I certify that this is an active postgraduate training program accredited by the American Osteopathic Association Council or the Accreditation Council of Graduate Medical Education.

☐ **PODIATRY ONLY –** I certify that this is an active postgraduate training program accredited by the Council on Podiatric Medical Education.

I further certify to immediately notify the Department upon any event that causes the licensee to no longer be appointed to the training program reflected above.

____
Signature of Director of Medical Education

____
Date

____
Print or Type Name of Director of Medical Education

(Seal) If hospital has no seal, please indicate.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.