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

CERTIFICATION OF COMPLETION OF POSTGRADUATE TRAINING

Authority: 1978 PA 368

This form must be signed and submitted directly to this office by the Director of Medical Education office. If this form is submitted by the applicant, it will not be accepted.

Licensee Information:

Licensee's First Name	Middle Name	Last Name
Date of Birth (MM/DD/YYYY)	Last 4-digits of Social Security Number	10-digit MI Permanent ID Number

Remainder of Form to be Completed by Director of Medical Education:

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

CERTIFICATION AND SIGNATURE

I certify the applicant named above has successfully completed postgraduate training offered by the hospital or institution named above in the clinical area of

_____.
(Program Name)

from_____to_____.
(Month/Day/Year) (Month/Day/Year)

PLEASE CHECK APPROPRIATE BOX BELOW:

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

_____ _____
Signature of Director of Medical Education Date

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

Certification of Completion of Postgraduate Training may be submitted to the department no more than 15 days prior to the scheduled date of completion. If signed and submitted sooner, it will not be accepted.