DCH/HLD-051 (03/05)

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30192
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

BOARD OF OSTEOPATHIC MEDICINE - EDUCATIONAL LIMITED D.O.
CERTIFICATION OF APPOINTMENT

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

YOUR LICENSE WILL NOT BE RENEWED UNTIL WE RECEIVE THIS INFORMATION REGARDLESS OF THE PAYMENT METHOD YOU USE

INSTRUCTIONS: Please type or print the form. The Director of Medical Education must sign either Section A or Section B as appropriate.

Section A: Educational Limited Renewal - NO CHANGES

☐ I am continuing my training in the same program at the same location as shown on my current license.

First Name:	Middle Name:	Last Name:
Michigan Permanent I.D./License Number:	Social Security Number:	

Signature of Director of Medical Education:	Date:

Section B: Educational Limited Renewal - WITH CHANGES

☐ I am continuing my training but will transfer to a **new hospital and/or program** as shown below.

First Name:	Middle Name:	Last Name:
Michigan Permanent I.D./License Number:	Social Security Number:	

Hospital Name:		
Program Name:		
Hospital Street Address:		
City:	State:	Zip Code:

Signature of Director of Medical Education:	Date:

The Department of Community Health 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.