DCH/HLD-051 (4/04)

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918

BOARD OF OSTEOPATHIC MEDICINE - Educational Limited D.O.

CERTIFICATION OF APPOINTMENT

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

The **POSTGRADUATE TRAINEE** must complete Section A.

Section A: Check the one box which describes your renewal status:

Please Print Clearly

First Name:	Middle Name:	Last Name:
License Number:	Social Security Number:	

☐ I am continuing my training at the same location shown below.

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

☐ I will not be continuing my training in Michigan beyond August 30.

Postgraduate training information:

Hospital Street Address:		
City:	State:	Zip Code:

Section B: This section must be completed and signed by the Director of Medical Education - Certification of Training Appointment.

This certifies that the postgraduate trainee identified above was appointed to a position in:

Hospital Name:	
Program Name:	
Signature of Director:	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.