



Bureau of Professional Licensing
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SUPERVISOR'S CONFIRMATION FORM FOR CHIROPRACTIC EDUCATIONAL LIMITED LICENSE

Authority: 1978 PA 368

This form must be submitted directly to this office by your supervisor. If this form is submitted by the applicant, it will not be accepted.

Section of Form to be completed by Applicant

Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	Email Address	
Applicant's Signature	Date	

Remainder of Form to be completed by Supervisor

Supervisor's Name (First, Middle, Last)		
10-Digit MI Permanent ID/License Number	Expiration Date	
Current Business Address		
City	State	Zip Code
Current Position		

CERTIFICATION AND SIGNATURE

I certify that I am a licensed chiropractor in the State of Michigan and will supervise the above named individual during the practice portion of his or her chiropractic education. As a direct supervisor, I will conform to all existing laws and rules governing such supervision.

Start date for Educational Limited license: _____

 Signature of Supervisor

 Date

 Print or Type Name of Supervisor