

Board of Nursing

P.O. Box 30193

Lansing, Michigan 48909

(517) 335-0918

www.michigan.gov/healthlicense**REGISTERED NURSE AND PRACTICAL NURSE LICENSURE
BY ENDORSEMENT INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Nursing. Questions regarding your application can be directed to the Michigan Board of Nursing at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time. Applications submitted without the required licensing fee, applicant's signature, and date will be returned.

GENERAL INSTRUCTIONS

1. The Michigan Board of Nursing may issue a license by endorsement to an applicant who is currently licensed in another state if that state's licensure requirements are substantially equivalent to those required in Michigan. Michigan requires that all applicants for endorsement have previously taken the NCLEX or SBTPE examination for licensure in another state.
2. Please mark the appropriate type of licensure for which you are applying. Read all instructions carefully and answer all questions on the application including providing details on a separate sheet if necessary. Failure to complete the application correctly, in its entirety may delay the processing of your application. You must provide a complete listing of **all states** (excluding temporary licenses) in which you have **ever** held a nursing license.
3. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
4. A license application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
5. It is a violation of the Michigan Public Health Code, to practice nursing in Michigan without a license issued by the Michigan Board of Nursing.
6. In order to practice as a Nurse Specialist in Michigan, you must apply for and obtain a separate Nurse Specialty license. You can obtain the Nurse Specialty application by calling 517-335-0918 or on-line at www.michigan.gov/healthlicense.

REGISTERED NURSE LICENSURE BY ENDORSEMENT INSTRUCTIONS

1. Complete the application for licensure in its entirety and submit it with the required fee. Applications submitted without the licensing fee will be returned.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Send the enclosed Verification of Licensure or Registration form to any state where you currently hold or have ever held a permanent nursing license. The form may be duplicated as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required before sending them the form for completion. The verification form must be sent to the Michigan Board directly from the state(s) where you have been licensed.
4. If you were licensed in a state that uses the Nursys verification system, you can register with Nursys by calling toll-free (866) 819-1700 or register on-line at www.nursys.com.
5. Canadian educated nurses who have not been licensed in another state for at least 5 years do not have to be certified by the Commission on Graduates of Foreign Nursing Schools (CGFNS) or provide a CGFNS/Credential Evaluation Service report. You must be currently licensed in Canada or another state in order to apply by endorsement. In addition to providing the information in #2 and #3 above, you must also arrange for verification of your Canadian license to be sent to this office.
6. Applicants educated outside of the United States or Canada who have not been licensed as a registered nurse in another state for at least five years must either:
 - a) have a Full Education Course-by-Course Report completed by the Credentials Evaluation Service (CES) of the Commission on Graduates of Foreign Nursing Schools (CGFNS). If your education was not taught in English, the Michigan Board must also receive a CGFNS Language Report on English Proficiency. This is an additional service that must be provided by CGFNS. Please contact CGFNS at 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651, (215) 349-8767 or via their website, www.cgfns.org, to obtain an application for the CES Full Education Course-by-Course Report and English Proficiency Report, if necessary. The completed CES Report must be sent to our office directly from CES/CGFNS.

OR

- b) be certified by the Commission on Graduates of Foreign Nursing Schools (CGFNS). Please contact CGFNS at 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651, telephone (215) 349-8767, or via their website, www.cgfns.org. Verification of your CGFNS certification must be forwarded to this office directly from CGFNS.

PROVISIONAL (TEMPORARY) REGISTERED NURSE LICENSE. For RN's who are currently licensed in one or more other states. An individual with a provisional (temporary) RN license must always practice under the supervision of a fully licensed RN.

1. Complete the application for licensure in its entirety and submit it with the required fee. Applications submitted without the licensing fee will be returned.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. A registered nurse provisional (temporary) license may be obtained upon receipt of a verification of licensure from any other state. The license must be current, active, and in good standing.
4. The provisional (temporary) license is valid for no more than one year.
5. The full RN License will be issued upon receipt of all required documentation listed under the instructions for Registered Nurse Licensure by Endorsement.

PRACTICAL NURSE LICENSURE BY ENDORSEMENT INSTRUCTIONS

1. Complete the application for licensure in its entirety and submit it with the required fee. Applications submitted without the licensing fee will be returned.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Send the enclosed Verification of Licensure or Registration form to any state where you currently hold or have ever held a permanent nursing license. The form may be duplicated as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required before sending them the form for completion. The verification form must be sent to the Michigan Board directly from the states(s) where you have been licensed.
4. If you were licensed in a state that uses the Nursys verification system, you can register with Nursys by calling toll-free (866) 819-1700 or register on-line at www.nursys.com.
5. Foreign nurse graduates must have the school submit a Credentials Form and transcripts to the Michigan Board of Nursing. All credentials must be in English or accompanied by an official English translation. All transcripts must be received directly from the nursing school. Foreign nurse graduates could also have their nursing education reviewed and certified by a credentialing agency that is accredited by the National Association of Credential Evaluation Services (NACES) or through the Credential Evaluation Services (CES) of CGFNS. The list of NACES approved credentialing agencies can be found on their website, www.naces.org, under "Current Members".

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes before the exam date, notify the Board of Nursing in writing. Include your former name, address, social security number, and whether or not you are a candidate for the nursing examination with the new name and/or address. Telephone calls are NOT accepted for these changes. Name and address changes can be faxed to (517) 373-2179.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Nursing in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. **CONTINUING EDUCATION:** This license has a continuing education requirement for renewal. Please check our website at www.michigan.gov/healthlicense for more information on the specific requirements.
PLEASE NOTE: You will not be required to complete any continuing education credits in order to renew your license for the first time because you will not have held the license for a full two-year period.
5. **SINCE ALL NURSING LICENSES EXPIRE ON MARCH 31, ORIGINAL LICENSES ARE VALID TO THE FIRST MARCH 31, WHICH MAY BE A YEAR, OR LESS; SUBSEQUENT RENEWALS ARE VALID FOR A TWO-YEAR PERIOD.**



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at www.L1enrollment.com or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at www.cogentid.com/index.htm. Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to mihelp@cogentsystems.com.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit
1650 Wabash Ave. Ste. D
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
-------------------	------

Type of I.D. Presented:	Type of Licensure/Registration:
-------------------------	---------------------------------

Applicant Instructions: Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)	Cost:

****Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. MSP will charge for dual fingerprinting (transmission), etc.

Michigan Department of Licensing and Regulatory Affairs
Board of Nursing
 P.O. Box 30193
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

APPLICATION FOR LICENSURE BY ENDORSEMENT

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

Type or Print Only

I AM APPLYING FOR THE FOLLOWING (Check One Only):

- Registered Nurse License by Endorsement Fee: \$54.00 71-4704-0956
- Registered Nurse License by Endorsement and Provisional License Fee: \$64.00 71-4704-0956 and 71-4704-0956-04
- Practical Nurse License by Endorsement Fee: \$54.00 71-4703-0956

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name		Middle Name		Last Name	
U.S. Social Security Number		Date of Birth		E-mail Address	
Street Address					
City			State		ZIP Code
Daytime Telephone Number		All Previous Names and/or Birth Name Used (If Applicable)			
Have you ever held a health professional license in Michigan?					
<input type="checkbox"/> No <input type="checkbox"/> Yes, If yes list Michigan permanent I.D./license number and Expiration Date: _____					
School of Nursing			City and State		Date of Completion

Board Use Only	
License Number:	
Date of Licensure:	

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name

7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you previously made application to the Michigan Board of Nursing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. On what examination basis did you obtain licensure?	SBTPE/NCLEX: <input type="checkbox"/> Yes	<input type="checkbox"/> No
	STATE CONSTRUCTED: <input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you hold or have you ever held a nursing license in any state? If yes, list each state, the license or registration number, the date issued, and how the license was obtained. (either endorsement or examination). You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

State	Permanent License Number	Date of Issue	How obtained (Endorsement or examination)

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of their pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature	Date
-----------	------

Board of Nursing

P.O. Box 30193

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

L.P.N. CREDENTIALS FORM

Authority: Public Act 368 of 1978, as amended.

If this form is not completed for foreign nurse graduates, a license will not be issued

INSTRUCTIONS: This form must be completed by a nursing school for each foreign graduate seeking a license. Please identify areas of classroom instruction and clinical experience from the applicant's program in the subjects listed below. **Please sign and seal the completed form and mail with a copy of the applicant's final transcripts to the address indicated at the top of this form.** This form must be completed in its entirety; incomplete forms will be returned.

First Name	Middle Name	Last Name
------------	-------------	-----------

U.S. Social Security Number	Date of Birth
-----------------------------	---------------

Five Areas of CLASSROOM Instruction:	Course Titles and Numbers:
1. MEDICAL	
2. SURGICAL	
3. OBSTETRICS	
4. PEDIATRICS	
5. PSYCHIATRIC	

Five Areas of CLINICAL Instruction:	Course Titles and Numbers:
1. MEDICAL	
2. SURGICAL	
3. OBSTETRICS	
4. PEDIATRICS	
5. PSYCHIATRIC	

Was the Nursing Program taught in the English language? Yes No

Name of Educational Institution _____

I certify that _____ attended the
(Applicant's Name)
 educational institution named above from _____, to _____, and
(Month/Day/Year) (Month/Day/Year)
 was granted a _____ degree on _____.
(Level) (Graduation Date)

_____ Authorized Signature of Program Representative	_____ Date of Signature
_____ Print or Type Name of Program Representative	

Michigan Department of Licensing and Regulatory Affairs

Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing Home Admin.	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Counseling	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Optometry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary Medicine
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature_____
Date_____
Type or Print Name

(S E A L)

Title_____
Full Name of Licensing Board