

Board of Nursing

P.O. Box 30193

Lansing, Michigan 48909

(517) 335-0918

www.michigan.gov/healthlicense**REGISTERED NURSE LICENSURE 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.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. You must submit the application for licensure, all supporting documents requested, and the appropriate fee to the Board of Nursing to determine eligibility to sit for the exam. **ELIGIBILITY FOR THE EXAM IS DETERMINED SOLELY BY THE MICHIGAN BOARD OF NURSING AND IS SEPARATE FROM REGISTERING FOR THE EXAM WITH PEARSON PROFESSIONAL TESTING (PPT).**
2. Read all instructions carefully and answer all questions on the application including providing details on a separate sheet if necessary. Failure to correctly complete the application in its entirety may delay the processing of your application.
3. Provide all information requested on the application. **YOUR NAME MUST APPEAR EXACTLY AS IT IS ON THE PICTURED I.D. YOU WILL BE USING TO TAKE THE EXAMINATION** (*Driver's License, State I.D., Passport, Immigration Card*). Canadian applicants requesting a temporary license need to check the "Temporary License" box and complete the Affidavit for Temporary Licensure at the end of the application.
4. An application accompanied by the appropriate fee is valid for three years. If an applicant fails to complete the requirements for licensure within three years from the date of filing the application, the application is no longer valid.
5. **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.
6. School Certification--Michigan graduates must have the school submit a Michigan Nursing School Certification form directly to the Michigan Board of Nursing. Out of State graduates must have the school submit final transcripts to the Michigan Board of Nursing.
7. You must complete the NCLEX Examination Application and submit it to Pearson Professional Testing (PPT) by either using the address shown on the form or calling PPT at 1-866-496-2539. You may also register for the NCLEX examination on the Internet at www.vue.com/nclex. The NCLEX Bulletin can be downloaded at www.ncsbn.org or www.vue.com/nclex. You will be sent an Authorization to Test by PPT along with instructions for scheduling your testing appointment **after** you have been made eligible to take the test by the Michigan Board of Nursing. Once you have received your Authorization to Test, you must sit for the examination within 90 days.
8. Applicants for a Michigan RN license who were educated in the United States must take the NCLEX-RN within 2 years of graduation from an approved RN program.

9. All Applicants must pass the NCLEX-RN within 12 months of his or her first attempt at the test in Michigan or any other state. If the NCLEX-RN is not passed after 3 attempts within this 12-month period, the applicant must complete an approved RN educational program, refresher course or exam review course. After completing the educational program or course, the applicant may take the examination 3 more times. An applicant has a maximum total of 6 attempts to pass the NCLEX-RN.
10. Passing letters will not be mailed to those who have passed the examination. If you receive a license, you have passed the examination. Those who are not successful will receive a breakdown of scores.

ADDITIONAL INSTRUCTIONS FOR APPLICANTS EDUCATED OUTSIDE OF THE UNITED STATES OR CANADA

1. Applicants educated outside of the United States or Canada who have either not taken the NCLEX-RN for licensure in another state or 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, to request an application for the CGFNS Certification Program. Verification of your CGFNS certification must be forwarded to this office directly from CGFNS. If you obtained your CGFNS Certification more than 2 years ago and are not currently licensed as a registered nurse in another state, you must also verify that you are currently licensed as a nurse in your own country. The licensing agency in your country must send the verification directly to the Michigan Board.
2. If the CGFNS certification or CES certification or CES credential evaluation was completed more than two years before the application for licensure, the Board must receive verification of current licensure directly from your own country or another state.
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 have been 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. An applicant who is a graduate of a nurse education program that is located outside of the United States, has passed the NCLEX-RN examination, and has maintained an active registered nurse license with no disciplinary sanctions for at least 5 years immediately preceding the application for a Michigan license is not required to obtain CGFNS credentials evaluation or certification. An individual who meets these criteria should apply for Michigan RN licensure by endorsement. Please request a nursing endorsement application by e-mail at bhphelp@michigan.gov or download the application online at www.michigan.gov/healthlicense.

ADDITIONAL INSTRUCTIONS FOR CANADIAN APPLICANTS

FULL RN LICENSE

Applicants for a Michigan RN license who have graduated from an approved Canadian educational program that was taught in English and who have an active Canadian RN license with no disciplinary sanctions will be made eligible to take the NCLEX examination. CGFNS certification is not required for these individuals before taking the NCLEX examination. Before you will be made eligible for the NCLEX, the Michigan Board must receive:

- a. transcripts of your nursing education sent to our office directly from the school.
- b. current verification of your Canadian license sent directly to this office from the Canadian licensing agency.

TEMPORARY RN LICENSE (FOR CANADIAN RN'S ONLY)

1. Until January 1, 2012, a registered nurse temporary license is available to individuals who are currently licensed as a registered nurse in the Dominion of Canada.
2. You will be required to take and pass the National Council Licensure Examination (NCLEX-RN) in order to obtain a full, permanent license. You will be made eligible to take the NCLEX-RN as soon as your temporary license is issued.
3. The temporary license is valid for no more than one year. If you fail the NCLEX-RN, your temporary license is no longer valid. If you have already failed this examination, you do not qualify for the Michigan temporary license.
4. To obtain a temporary license, please submit the following:
 - a. Complete license application and appropriate fee.
 - b. Current verification of your Canadian license sent directly to this office from your Canadian licensing agency.
5. In order to obtain a full license, you are also required to provide either:
 - a. final, official transcripts that are sent to our office directly from your Canadian nursing program that was taught in English;

OR
 - b. CGFNS certification sent to our office directly from CGFNS if your nursing program was located outside of Canada or not taught in English.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Nursing in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. ***If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. Also, we require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your nursing program that describes what types of accommodations were provided to you during your education. These documents need to be submitted at the same time you send in this license application, if not earlier, to: LARA, Bureau of Health Professions, ATTN: ADA Request, P.O. Box 30670, Lansing, MI 48909.***
3. 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.
4. **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.
5. You must apply for and obtain a Michigan nurse specialist license in order to practice as a nurse specialist in Michigan.
6. 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 are not 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.
7. 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:
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Type of I.D. Presented:	Type of Licensure/Registration:
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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 REGISTERED NURSE LICENSE

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

Type or Print Only

Board Use Only

I AM APPLYING FOR THE FOLLOWING:

- License by Examination - Fee: \$54.00 71-4704-0156
- License by Examination and Temporary License (Canadian Licensees Only)
 Fee: \$64.00 71-4704-156 and 71-4707-04

License Number

Date of Temporary Licensure

Date of Licensure

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	Daytime Phone Number ()	
Street Address			
City	State	ZIP Code	
All Previous Names and/or Birth Name Used (if applicable)			E-mail Address
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	School Code	Date of Completion

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 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 or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? Yes 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? Yes No
- 9. Have you ever applied for or written an R.N. Exam in another U.S. Jurisdiction? Yes No
- 10. Have you ever filed an R.N. or P.N. application in Michigan? Yes No
- 11. Do you hold or have you held a **permanent** RN license or registration in any state or Canadian province? Yes No
 If yes, list each state or province, the license or registration number, the date issued, and how the license was obtained (either endorsement or examination). **DO NOT LIST TEMPORARY LICENSES. You must have each licensing agency verify licensure directly to this board office. (Attach additional sheets if necessary.)**

State or Province	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 the 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 of Applicant	Date
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**AFFIDAVIT FOR CANADIAN LICENSEES
SEEKING MICHIGAN TEMPORARY LICENSURE**

A registered nurse temporary license is available to individuals who are currently licensed as a registered nurse in the Dominion of Canada. This license is valid for one year from the date of issue or until failure of the National Council Licensure Examination (NCLEX-RN). If you have already failed this examination, you do not qualify for the Michigan temporary license.

Sign this affidavit if you are a Canadian Registered Nurse and are seeking temporary licensure in Michigan.

I, _____ certify that I have not failed the NCLEX-RN examination prior to applying for a Registered Nurse Temporary License in Michigan.

_____ Signature of Applicant

_____ Date of Signature

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