Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Board of Nursing
PO Box 30193
Lansing MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

LICENSED PRACTICAL NURSE ENDORSEMENT APPLICATION PACKET

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LICENSED PRACTICAL NURSE BY ENDORSEMENT INSTRUCTIONS

*** Please read application instructions carefully and answer all questions completely. Failure to do so may cause a delay in your application process.***

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Nursing.

2. 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.

3. Applicants for a licensed practical nurse license in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. **You should make contact with an approved agency within 7-10 days after application submission**. Additional documentation is included in this packet offering detailed instruction on the CBC and fingerprinting process.

4. Arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board of Nursing from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable**.

5. 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 for verification of your license(s).

Please Note:

- An application submitted with the appropriate fee is valid for two years from the date it is received. If an applicant fails to complete the requirements for licensure within the two year period following the date of application, the application will become invalid.

FOREIGN EDUCATED APPLICANTS:

1. Applicants who graduated from an educational program outside the United States taught in English must either:

   a. Have a Professional Report completed by the Credentials Evaluation Service (CES) of the Commission on Graduates of Foreign Nursing Schools (CGFNS). 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 Professional Report and English Proficiency Report, if necessary. The completed CES Report must be sent to our office directly from CES/CGFNS.

   OR

   b. Have a course-by-course evaluation of your nursing education reviewed and certified by a credentialing agency accredited by the National Association of Credential Evaluation Services (NACES). The list of approved credentialing agencies can be found on their website, www.naces.org, under "Current Members".

   OR

   c. Submit the L.P.N. Credentials Form to your nursing school for completion. The completed form must be submitted directly to our office from your nursing school along with final official transcripts.

2. Applicants who have graduated from an educational program outside the United States NOT taught in English must either:

   a. Have a Professional Report completed by the Credentials Evaluation Service (CES) of the Commission on Graduates of Foreign Nursing Schools (CGFNS). Since your educational program was not taught in English, the Michigan Board must also receive the CGFNS Language Report on English Proficiency. 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 Professional Report and English Proficiency Report, if necessary. The completed CES Report must be sent to our office directly from CES/CGFNS.

   OR

   b. Have a course-by-course evaluation of your nursing education reviewed and certified by a credentialing agency accredited by the National Association of Credential Evaluation Service (NACES). The list of approved credentialing agencies can be found on their website, www.naces.org under "Current Members".

   AND

   c. Foreign graduates whose nursing education was not taught in English, must pass the TOEFLibt administered by the Educational Testing Service (ETS). The passing score on the TOEFLibt is an overall score of 80. Information about the TOEFLibt exam is available on the web at www.toefl.org. The Institutional Code for Nursing is 9228.

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FOR BOARD USE ONLY

APPLICATION FOR PRACTICAL NURSE LICENSE	License Number:
I am applying for the following:	Issue Date:

☐ Practical Nurse License by Endorsement Fee: $54.00 71-47-03-0956

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.

1. Demographic Information

First Name:	Middle Name:	Last Name:
U.S. Social Security #:	Birth Date:	
Street Address:	Apt/Bldg #:	
City:	State	Zip Code:
Country:		
Phone Number:	Email Address:	

Have you ever held a health professional license in any profession in Michigan? ☐ Yes ☐ No

If yes, list your Permanent I.D./License Number:

Expiration Date:

Have you ever been known under any other name? ☐ Yes ☐ No
If yes, list name(s):

Will documents be received under any other name? ☐ Yes ☐ No
If yes, list name(s):

Full Name:

2. Personal Data Questions

1. Have you ever been convicted of a felony?	☐ Yes ☐ No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	☐ Yes ☐ 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)?	☐ Yes ☐ No
4. Have you had 3 or more malpractice settlements, awards, or judgements in any consecutive 5 year period?	☐ Yes ☐ No
5. Have you had one or more malpractice settlements, awards, or judgements totaling $200,000 in any consecutive 5 year period?	☐ Yes ☐ No
6. 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
7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?	☐ Yes ☐ No
8. Have you ever been treated for substance abuse in the past 2 years?	☐ Yes ☐ No

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation along with copies of all official and/or court documents related to your explanation along with your application. If you do not provide the documents, your application will be deemed incomplete and processing will be delayed.

9. Have you ever filed an R.N. or P.N. application in Michigan?	☐ Yes ☐ No
10. Have you taken the NCLEX/SBTPE for another U.S. Jurisdiction?	☐ Yes ☐ No
11. Have you taken a State Constructed Nursing Exam for another U.S. Jurisdiction?	☐ Yes ☐ No

Full Name:

3. Professional Education

Completed P.N. Nursing Program	Location of Nursing Program	Graduation Date	Certificate/Diploma/Degree Granted

4. License(s) in Other State(s) and/or Province(s)

Do you hold or have you held a permanent P.N. 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 examination or endorsement).
DO NOT LIST TEMPORARY LICENSES. (Attach additional sheets if necessary.)

State/Country	Permanent License/Registration Number	Date of Issue	How Obtained (Examination or Endorsement)

5. 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, 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 _____

The Department of Licensing and Regulatory Affairs 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.

LARA/LNR-030 (04/13)

Michigan Department of Licensing and Regulatory Affairs
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L.P.N. CREDENTIALS FORM

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

Instructions: This form may be completed by a nursing school for a 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 official transcripts to the address at the top of this page.** 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 Title and Numbers:
1. MEDICAL	
2. SURGICAL	
3. OBSTETRICS	
4. PEDIATRICS	
5. PSYCHIATRIC	

Five Areas of CLINICAL Instruction:	Course Title 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 educational institution named
(Applicant's Full Name)

above from _____ to _____
(Month/Day/Year) (Month/Day/Year)

and was granted a _____ degree on _____
(Level) (Graduation Date)

_____ _____
Authorized Signature of Program Representative Date of Signature

_____ (Seal)
Print or Type Name of Program Representative

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS – (Michigan locations only)

Applicants for a Michigan health professional license must have their fingerprints taken under an Agency ID Number specific for the board for which they are applying. Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan. Fingerprints may be taken by either Identogo (formerly L-1 Enrollment), Cogent Systems or another agency that is listed at www.michigan.gov/lsvendor. Whether you use Identogo, Cogent Systems or another agency, you must use an Agency ID Number for a Health Professional licensing board. These Agency ID numbers MUST be used in order to have the fingerprint report sent to the Health Professions Division. Receipts **should not** be mailed to the office, but should be kept for your own records.

You must bring the Livescan Fingerprint Request Form with 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 fingerprint agency when registering and/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 Health Professions Division will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Division for review.

Information about fees and scheduling your fingerprint appointment with Identogo can be found at www.identogo.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 then select the Cogent MAPS (Michigan Applicant Processing Service) option. The MAPS option must be used for Michigan 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
BUREAU OF HEALTH CARE SERVICES
HEALTH PROFESSIONS DIVISION

STEVE ARWOOD
DIRECTOR

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

1. There are two ways you can have your fingerprints taken:

   * Option 1 (Preferable) - Contact Identogo at www.identogo.com or by calling 1-866-226-2952 or another LiveScan vendor in the state where you reside, take the completed form, have your fingerprints taken digitally, and have them **PRINTED OUT.**

   * Option 2 - Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.

2. Submit the digital printout or the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for $62.75, made payable in U.S. Funds, to Identogo to the following address:

   Identogo/Livescan Processing Unit
   1650 Wabash Ave Suite D
   Springfield IL 62704

3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.

4. Identogo will submit your fingerprints to the Michigan State Police for analysis.

5. If no criminal history information is found, the Health Professions Division will be notified.

6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Division for review.

7. Call Identogo toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.

8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.

9. Applicants for a Michigan health professional license must have their fingerprints taken under the Agency ID Number specific for the board for which they are applying. Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

LIVESCAN FINGERPRINT REQUEST FORM

Applicant Instructions: Please complete the top section of this form then print it and take it along with your picture ID to your scheduled appointment or if you are an out of state/out of country applicant please mail it along with your fingerprints.

First Name:	Middle Name:	Last Name:
Street Address:		Apt/Bdg #:
City:	State:	Zip Code:
Phone Number:	Country:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:
Height:	Weight:	Eye Color:	Hair Color:
License/Registration you are applying for: Nursing-LPN 90899J		

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINT AGENCY

Fingerprint Date:	TCN:

Type of ID Presented:

REQUESTING AGENCY INFORMATION

Agency Name Agency ID Number: **MI DEPT OF LARA - Nursing-LPN 90899J**
Reason Fingerprinted: **LHP - Licensed Health Care Professional (MCL333.16174)**

LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

HEALTH PROFESSIONS DIVISION
611 W. OTTAWA ST. 1ST FL P.O. BOX 30670 LANSING, MICHIGAN 48909
www.michigan.gov/healthlicense (517) 335-0918

Print

Please print out the Application (page 5-7) L.P.N. Credentials Form (if applicable,page 8) and the LiveScan Fingerprint Request Form (pages 12). Sign and date your application, and submit the application along with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Board of Nursing
PO Box 30193
Lansing MI 48909

Schedule your fingerprints to be taken 7-10 business days after you have mailed your application to our office.

APPLICATION CHECKLIST INSTRUCTIONS

All information should be typed or printed clearly. It is your responsibility to submit the required forms to our office.

❒ **Application Fee:** Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

❒ **1. Demographic Information:** Social Security Number: Please list only a United States Social Security number.

Legal Name: List your full name: first, middle and last name.

Definition of legal name: Use the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. If your name changes after you apply, you must submit a name change to the Bureau of Health Care Services in writing along with legal documentation within 30 days.

Birth Date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Health Care Services. If your address changes, you must notify us in writing within 30 days.

Phone: Enter a telephone number where you can be reached in case we have questions about your application.

E-mail: Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

Other Name(s): Indicate whether you have been known by any other names.

❒ **2. Personal Data Questions:** All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation on a separate sheet with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

❒ **3. Professional Education:** List your current or completed nurse program. Indicate degree/certificate/ diploma earned. List graduation and/or anticipated graduation date.

❒ **4. License in Other State(s) and/or Province(s):** List all states/provinces where you have held an L.P.N. license. Indicate method of licensure - examination or endorsement.

❒ **5. Certification:** You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

TOP THINGS APPLICANTS SHOULD KNOW

1. **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.

2. Read the entire application before submitting it and DO NOT send the checklist to the Michigan Board of Nursing office.

3. Please allow time to process your application before you call or email our office to check on the status. Applications take at least 2 weeks to reach our office from first our central mailroom and then our payment processing office.

4. Mail, including mail sent overnight, is first received by our central mailroom and may take 5 business days to reach the board.

5. Transcripts and/or School Certifications will not be accepted if faxed into our office.

6. Applications are processed in date-received order and may take 6 weeks to process.

7. REFUND POLICY: If you wish to withdraw your application, you must notify the Michigan Board of Nursing in writing to request a refund.

8. 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 at www.michigan.gov/healthlicense and fax it to (517) 373-7179 ATTN: Application Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Nursing, Application Section, PO Box 30193, Lansing MI 48909. Telephone calls are NOT accepted for these changes. After your license is issued, you can change your address online at www.michigan.gov/elicense.

GLOSSARY/DEFINITION OF TERMS

CONTACT HOUR/CREDIT	A continuing education credit or contact hour is equivalent to 50-60 minutes of program participation in a board approved program.
CONTINUING EDUCATION UNIT (CEU)	A CEU is a continuing education unit, which consists of ten continuing education credits/hours. A nurse is required to earn 25 continuing education credits or 2.5 CEU's in order to renew the license.
ENDORSEMENT	Application made by an individual who holds an original license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass the NCLEX in order to become licensed in Michigan.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license has been reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

FREQUENTLY ASKED QUESTIONS

Q. How long will it take to process my application?

The application process may take six weeks from the time your application is received in our office.

Q. What do I do if I forgot to include my payment with my application?

Please submit the fee along with a copy of your application and/or a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Health Care Services Board of Nursing, PO Box 30193, Lansing, MI 48909.

Q. How do I check on the status of my application?

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at www.michigan.gov/appstatus.

Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?

We ask that you submit your application, fee and information regarding the occurrence. The Michigan Board of Nursing will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

Q. How long is my license valid for?

The initial license is good for a partial licensure cycle and will expire on the upcoming March 31st renewal date. Each subsequent license will cover a full two-year cycle.

Q. Do I have to earn continuing education for this first license?

Since the initial license is valid for a partial licensure cycle you will not be required to earn continuing education. However, after the first renewal, Michigan nurses are required to earn 25 hours of board-approved continuing education credit over each two-year cycle of licensure. One of the 25 hours must be earned in pain and pain symptom management. The Michigan Board does not receive attendance reports or track your education for you. You should maintain copies of your continuing education certificates for at least a four year period in case you are audited by the Michigan Board.

Q. How do I renew my license?

You will be mailed a renewal notice approximately six to eight weeks prior to the expiration date of your license. The notice will include instructions on how to renew your license online.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	www.michigan.gov/lara
Bureau of Health Care Services	www.michigan.gov/bhcs
Health Professions Division	www.michigan.gov/healthlicense
Michigan Board of Nursing Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
Renewal Website	www.michigan.gov/elicense

LINKS:

National Council of State Board of Nursing (NCSBN)	www.ncsbn.com
Nursys	www.nursys.com
Identogo	www.identogo.com
Cogent Systems	www.cogentid.com