Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLHelp@michigan.gov

APPLICATION FOR A MEDICAL DOCTOR, CLINICAL ACADEMIC LIMITED OR EDUCATIONAL LIMITED LICENSE

Authority: 1978 PA 368

Print or Type Clearly

Applicant's Name (First, Middle, Last)	10-Digit MI Permanent ID/License Number (*If Applicable*)		
U.S. Social Security # (***New Applicants Only***)	Date of Birth (***New Applicants Only***)		
Address			
City	State	Zip Code	Country
Telephone Number	Email Address		

List any other name or alias by which you have ever been known, including maiden name, if applicable:

_____

EDUCATIONAL LIMITED LICENSE INFORMATION ONLY:

Name of Appointing Hospital		
Hospital Street Address		
City	State	Zip Code
Program Name		

CHECK THE LICENSE/OBTAINED BY METHOD			FOR OFFICE USE ONLY	
☐ M.D. – By Endorsement	**$151.50**	4301-09	License Number	Issue Date
☐ M.D. – By Exam	**$151.50**	4301-01		
☐ M.D. – Relicensure	**$171.50**	4301-06		
☐ Controlled Substance	**$ 85.85**	5315-3757		
☐ Limited with Controlled Substance (*check one below)*				
☐ Clinical Academic	**$171.70**	4301-375705		
☐ Educational	**$171.70**	4301-375705		

Your check or money order, drawn from a U.S. financial institution and made payable to the **STATE OF MICHIGAN,** must accompany this request. **DO NOT SEND CASH**. Fees are non-refundable.

LARA/BPL-MDNEWRELIC (Rev. 10/16)

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.

Professional Education

(Attach additional sheets if necessary)

Name of School	Name of Educational Program

Hospital Affiliations

List the name of each hospital with which you are employed or under contract, and each hospital in which you are allowed to practice.

(Attach additional sheets if necessary)

Name of Hospital Employed or Under Contract	Name of Hospital where Allowed to Practice

License(s) in Other State(s) and/or Country

List each state or country where you have ever held a medical profession license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed against that license or registration. *(Attach additional sheets if necessary)*

If you indicate there have been sanctions imposed against a license or registration, you must disclose the applicable state(s) and/or country and submit documentation that the sanction in the other state(s) and/or country is not permanent, that it was not the result of a patient safety violation, and you were required by the state(s) and/or country that imposed the sanction to participate in and complete a probationary period or treatment plan as a condition of the continuation of your licensure, and you did not complete the probationary period or treatment plan because you ceased engaging in the practice of medicine in that state(s) and/or country.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination, Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration?

Good Moral Character Questions

If you answer "yes" to either of the next two questions, you must submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.

Have you ever been convicted of a felony?	☐ Yes	☐ No
Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?	☐ Yes	☐ No

Required Additional Documents:

All Applicants

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check ***(except those applicants seeking relicensure, if the license expired within the last three years)***.

M.D. by Endorsement

Applicants for licensure by endorsement who have been licensed in another state and have practiced medicine for LESS than 10 years at the time of your application must submit the following:

- Certification of your examination scores submitted directly to this office from the examination agency. Score reports must be sent from either the Federation of State Medical Boards by visiting their website www.fsmb.org or the National Board of Medical Examiners (if tested May 1994 or earlier) www.nbme.org.
- Certification of successful completion of 2 years postgraduate clinical training in an active program approved by the Board. The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office.
- Verification of your Educational Commission for the Foreign Medical Graduates (ECFMG) certificate must be electronically submitted directly to this office from ECFMG, if you are a graduate of a foreign medical school. Go to www.ecfmg.org for information and instructions on how to arrange for your ECFMG status report to be sent to this office.

Applicants for licensure by endorsement who have been licensed in another state and have practiced medicine for MORE than 10 years at the time of your application must submit the following:

- Verification of licensure to be submitted directly to this office by the licensing agency of any state or territory of the United States or Dominion of Canada in which you hold a current license or ever held a license as a medical doctor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed. Effective January 1, 2009, we are participating in the VeriDoc electronic license verification system. Michigan licensed MDs who are applying for licensure in another state must contact VeriDoc at www.veridoc.org to have their Michigan license verified. A fee will be charged for that verification. If you have any questions about VeriDoc, please contact them at 701-319-6500.

M.D. by Exam

Applicants for licensure by examination who are graduates of foreign medical schools must submit the following:

- A completed Certification of Medical Education for Graduates of Foreign Medical Schools form. This form must be completed and returned to this office directly from the medical school you attended.
- Certification of your examination scores submitted directly to this office from the examination agency. Score reports must be sent from either the Federation of State Medical Boards by visiting their website www.fsmb.org or the National Board of Medical Examiners (if tested May 1994 or earlier) www.nbme.org.
- Certification of successful completion of 2 years postgraduate clinical training in an active program approved by the Board. The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office.

M.D. by Exam Continued

- Verification of your Educational Commission for the Foreign Medical Graduates (ECFMG) certificate must be electronically submitted directly to this office from ECFMG. Go to www.ecfmg.org for information and instructions on how to arrange for your ECFMG status report to be sent to this office.

Applicants for licensure by examination who are graduates of medical schools located in the United States, its territories, the District of Columbia, or the Dominion of Canada, must submit the following:

- A completed Certification of Medical Education form. This form must be completed and returned to this office directly from the medical school you attended.
- Certification of your examination scores submitted directly to this office from the examination agency. Score reports must be sent from either the Federation of State Medical Boards by visiting their website www.fsmb.org or the National Board of Medical Examiners (if tested May 1994 or earlier) www.nbme.org.
- Certification of successful completion of 2 years postgraduate clinical training in an active program approved by the Board. The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office.

Section 17031 of PA 368 of 1978 states that the board may grant a full license to individuals who have held a Clinical Academic Limited License if the applicant has been engaged in the practice of medicine for not less than 10 years after completing the requirements for a degree in medicine located outside the United States or Canada.

- The applicant must have completed not less than 3 years of postgraduate clinical training in an institution that has an affiliation with a medical school that is listed in a directory of medical schools published by the World Health Organization (WHO). The Certification of Postgraduate Training form must be submitted directly to this office by the Director of Medical Education where you completed your postgraduate training.
- Certification of your examination scores submitted directly to this office from the examination agency. Score reports must be sent from either the Federation of State Medical Boards by visiting their website www.fsmb.org or the National Board of Medical Examiners (if tested May 1994 or earlier) www.nbme.org.
- A completed Certification of Medical Education form. This form must be completed and returned to this office directly from the medical school you attended.
- The Certification of Practice in an Academic Institution form must be submitted directly to this office by the Director of Medical Education where you practiced under the Clinical Academic license. You must have practiced under a clinical academic license for at least 2 years immediately preceding the date of application for a full license and during that time have functioned at least 800 hours per year in the observation and treatment of patients.

Medical Clinical Academic Limited License

- A completed Certification of Medical Education form. This form must be completed and returned to this office directly from the medical school you attended.
- The Certification of Appointment to a Michigan Academic Institution form certifying a teaching or research appointment to a Michigan academic institution must be completed and submitted directly to this office by the Director of Medical Education of the appointing institution.

Educational Limited License

Applicants who are graduates of a medical school located in the United States, its territories, the District of Columbia, or the Dominion of Canada, must submit the following:

- A completed Certification of Medical Education form. This form must be completed and returned to this office directly from the medical school you attended.
- The Certification of Appointment to a Michigan Training Hospital form submitted directly to this office by the hospital in which the training is to occur.

Applicants who are graduates of foreign medical schools must submit the following:

- A completed Certification of Medical Education for Graduates of Foreign Medical Schools form. This form must be completed and returned to this office directly from the medical school you attended.
- The Certification of Appointment to a Michigan Training Hospital form submitted directly to this office by the hospital in which the training is to occur.
- Verification of your Educational Commission for the Foreign Medical Graduates (ECFMG) certificate must be electronically submitted directly to this office from ECFMG. Go to www.ecfmg.org for information and instructions on how to arrange for your ECFMG status report to be sent to this office.

All active postgraduate clinical training programs accredited by the Accreditation Council of Graduate Medical Education (ACGME), the Liaison Committee on Medical Education (LCME), the Joint Commission on Accreditation of Hospitals (JCAH) or the National Joint Committee on Accreditation of Preregistration Physician Training Programs of the Canadian Medical Association are approved by the board. All hospitals accredited by the Joint Commission on Accreditation of Hospitals (JCAH) are board approved. All medical schools accredited by the Liaison Committee on Medical Education (LCME) are approved by the Board.

FEDERATION CREDENTIALS VERIFICATION SERVICE:

- The Michigan Board of Medicine now accepts the Federation Credentials Verification Service (FCVS). The Federation of State Medical Boards (FSMB) makes this service available to applicants. The FCVS verifies a physician's basic credentials with primary sources. Those credentials include postgraduate training, examination history, ECFMG certification and board action history. FCVS does NOT provide licensure verification from other states.
- Please note that the use of the FCVS is strictly voluntary on the part of the applicant. The Michigan Board of Medicine reserves the right to request additional information from the applicant during the application review process.
- If you are interested in receiving more information or have any questions regarding this service, please contact the FSMB by visiting their website at www.fsmb.org.

CERTIFICATION AND SIGNATURE

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 Federal Bureau of Investigations, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

Further, if I am applying for relicensure and sign below, I certify that I have completed the required number of continuing education credits.

_____ _____

Signature Date