



Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services

Board of Chiropractic

PO Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**CHIROPRACTIC EDUCATIONAL
LIMITED LICENSURE APPLICATION**

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CHIROPRACTIC EDUCATIONAL LIMITED LICENSURE INSTRUCTIONS

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

The Educational Limited License is issued for one 6-month period and can be issued only for the purpose of supervised practice as a part of your chiropractic education. If you have already graduated from your chiropractic educational program, you are not eligible for this license.

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 Chiropractic.
2. Applicants for a Michigan health professional license or registrations are required to submit fingerprints and undergo a Criminal Background Check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. Complete part I of the enclosed Certification of Chiropractic Education form. Forward the form to the Dean or Registrar of your chiropractic school for completion. The completed form must be submitted directly from the chiropractic school to the Board. You must have successfully completed at least two years, four semesters or six-quarter terms in an approved chiropractic school to be eligible for this license.
4. Complete part I of the enclosed Supervision Confirmation form. Forward the form to the supervisor of your education training for completion. The completed Supervision Confirmation form must be submitted directly to the Board.

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.

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PO Box 30670
Lansing, MI 48909
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FOR BOARD USE ONLY
License Number:
Issue Date:

APPLICATION FOR EDUCATIONAL LIMITED LICENSURE

Select the license type you are applying for from the list below:

Chiropractic Educational Limited License Fee: \$50.00 [71-2301-05]

Start Date for Educational Limited License: _____

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?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list your Permanent I.D./License Number:					
Expiration Date:					
Have you ever been known under any other name?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list name(s):					
Will documents be received under any other name?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list name(s):					

Full Name:

2. Personal Data Questions

- | | |
|--|---|
| <p>1. Have you ever been convicted of a felony?</p> <p>If yes, please explain</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <p>2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?</p> <p>If yes, please explain</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <p>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)?</p> <p>If yes, please explain</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <p>4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?</p> <p>If yes, please explain</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <p>5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?</p> <p>If yes, please explain</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <p>6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?</p> <p>If yes, please explain</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <p>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?</p> <p>If yes, please explain</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| <p>8. Have you ever been treated for substance abuse in the past 2 years?</p> <p>If yes, please explain</p> | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

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

Full Name: _____

Have you taken a National examination for another U.S. Jurisdiction? Yes
 Please list exam name and date taken (month & year) No

Have you taken a State Constructed examination for another U.S. Jurisdiction? Yes
 Please list state and date taken (month & year) No

3. Professional Education

Name of Institution	Address of Institution	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 license or registration in any state or Canadian province, for the type of license for which you are applying? Yes
 No

Please list each state or province, the license or registration number, the date issued, the number of years you held the license, 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	Number of Years Licensed	Expiration Date	How Obtained (Exam 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 _____

Michigan Department of Licensing and Regulatory Affairs
Board of Chiropractic
 PO Box 30670
 Lansing, MI 48909
 (517) 335-0918
www.michigan.gov/healthlicense

CERTIFICATION OF CHIROPRACTIC EDUCATION

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

SECTION I – APPLICANT INFORMATION

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. For completion of Section II, send this form to the dean or registrar of the chiropractic school you attend. The certification must be submitted directly to the Michigan Board of Chiropractic by the chiropractic school.

First Name	Middle Name	Last Name
Street Address		Apt./Bldg.#
City	State	Zip Code
SSN	Date of Birth	Email

Signature	Date
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APPLICANT: Upon completion of Section I, print, sign and date the form then send the form to the Dean or Registrar of your chiropractic school for completion of Section II.

Full Name:

THIS SIDE TO BE COMPLETED BY THE DEAN OR REGISTRAR OF THE CHIROPRACTIC SCHOOL

Please complete the following information. Return this completed certification directly to the Michigan Board of Chiropractic, PO Box 30670, Lansing, MI 48909.

SECTION II – CERTIFICATION OF CHIROPRACTIC EDUCATION

Name of Chiropractic School

Street Address of Chiropractic School

City, State and ZIP Code

I certify that _____ (*write in applicant's full name*) has successfully completed at least two years, four semesters or six quarter terms in the chiropractic school named above.

Signature of Dean or Registrar

Date of Signature

Print or Type Name of Dean or Registrar

SEAL – (If school has no seal, please indicate)

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SUPERVISOR'S CONFIRMATION FORM FOR EDUCATIONAL LIMITED LICENSE

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

PART I – APPLICANT INFORMATION:

Instructions: Complete Part I. Type or print your name exactly as it appears on your application and forward it to your supervisor. Send this form to you supervisor for completion of Parts II and III. This form must be submitted directly to the Michigan Board of Chiropractic from your supervisor.

First Name	Middle Name	Last Name
Street Address		Apt./Bldg.#
City	State	Zip Code
SSN		Date of Birth
Email		Phone Number

PART II – SUPERVISOR INFORMATION:

Instructions: Please complete Part II and III of this form and then mail it directly to the Board at the address above.

Name	
Michigan Permanent I.D./License Number	Expiration Date
Current Business Address	
Current Position	

PART III – CERTIFICATION OF SUPERVISION:

I hereby certify that I am a licensed chiropractor in the State of Michigan and will supervise
 _____ (write in applicant's full name)
 during the practice portion of his or her chiropractic education. My direct supervisor will conform to all existing laws and rules governing such supervision.

 Signature of Supervisor

 Date

 Print Name & Title of Supervisor

Please print out the Application (Pages 4-6), Certification of Chiropractic Education (Pages 7-8) and the Supervisor's Confirmation Form for Educational Limited License (Page 9). Sign and date your application, and submit the application along with any supporting documentation and 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 Chiropractic
PO Box 30670
Lansing, MI 48909

APPLICATION CHECKLIST

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.

Name: List your full name: first, middle and last name. 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 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 professional school. 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 a chiropractic license or registration. 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 Board of Chiropractic office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. **REFUND POLICY:** If you wish to withdraw your application, you must notify the Board of Chiropractic in writing to request a partial refund.
8. If your name and/or address changes please notify the Board of Chiropractic in writing within 30 days. 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) 335-2044 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Chiropractic, Applications Section, PO Box 30670, 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

ENDORSEMENT	Application made by an individual who holds an active license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass an examination 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 not lapsed is reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed or suspended 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?

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing 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 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 Chiropractic, PO Box 30670, 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 Board 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?

The initial license is good for a partial licensure cycle and will expire on the upcoming November 30 renewal date. Each subsequent license will cover a full two-year cycle.

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 Chiropractic Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
Verify a Health Professional License	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense

LINKS:

National Board of Chiropractic Examiners (NBCE)	www.nbce.org
Identogo	www.identogo.com