



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](http://www.michigan.gov/healthlicense)

**REGISTERED NURSE AND LICENSED PRACTICAL NURSE  
RELICENSURE APPLICATION PACKET**

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## REGISTERED NURSE AND PRACTICAL NURSE RELICENSURE 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. Applicants for relicensure of a Michigan health professional license or registration that has been expired **more** than 3 years are required to submit fingerprints and undergo a Criminal Background Check (CBC). 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. If your RN or LPN license expired **within** the last 3 years:
  - a. Please submit the required 25 hours of continuing education earned within the 2-year period immediately preceding the date of application for relicensure. Additional information about continuing education requirements for Michigan can be found at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense).
  - b. 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.**

If you have been licensed in a state that uses the Nursys verification system, you should register with Nursys on-line [www.nursys.com](http://www.nursys.com) or by calling toll-free (866) 819-1700 for verification of your license(s).

4. If your RN or LPN license expired **more** than 3 years ago and a permanent RN or LPN license is currently held in one or more states:
  - a. Please submit the required 25 hours of continuing education earned within the 2-year period immediately preceding the date of application for relicensure. Additional information about continuing education requirements for Michigan can be found at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense).
  - b. 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.**

If you have been licensed in a state that uses the Nursys verification system, you should register with Nursys on-line [www.nursys.com](http://www.nursys.com) or by calling toll-free (866) 819-1700 for verification of your license(s).

## REGISTERED NURSE AND LICENSED PRACTICAL NURSE RELICENSURE INSTRUCTIONS CONTINUED

5. If your RN or LPN license expired **more** than 3 years ago and a permanent RN or LPN license is **not** currently held in another state:
- a. You must take the NCLEX-RN or NCLEX-LPN examination. After you have submitted your relicensure application and supporting documents, the Michigan Board of Nursing will make you eligible to take the examination with Pearson Professional Testing (PPT). PPT will then send you instructions on how to register to sit for the appropriate examination. Information about registering and taking for the NLCEX examination can be found at [www.vue.com/nclex](http://www.vue.com/nclex).
  - b. 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.

If you have been licensed in a state that uses the Nursys verification system, you should register with Nursys on-line [www.nursys.com](http://www.nursys.com) or by calling toll-free (866) 819-1700 for verification of your license(s).

- c. **SPECIAL ACCOMMODATIONS:** 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. We also 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 the accommodations provided to you during your education. These documents need to be submitted with your application, if not earlier, to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Michigan Board of Nursing, ATTN: ADA Request, PO Box 30670, Lansing, MI 48909.

### **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.
- If you pass the examination, you will receive your license but you will not receive notice of your examination results.
- If you fail the examination, you will receive a breakdown of your scores.

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Board of Nursing  
PO Box 30193  
Lansing, MI 48909  
(517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

For Board Use Only
License Number:
Issue Date:

**APPLICATION FOR NURSING RELICENSURE**

I am applying for the following:

- RN Relicensure Fee: \$74.00 71-4704-0656**
- LPN Relicensure Fee: \$74.00 71-4703-0656**

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.

<b>1. Demographic Information</b>					
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:					
Has your Michigan nursing license been lapsed more than three years?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been known under any other name? If yes, list name(s):					<input type="checkbox"/> Yes <input type="checkbox"/> No
Will documents be received in any other name? If yes, list name(s):					<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:

**2. Personal Data Questions**

1. Have you ever been convicted of a felony?

- Yes  
 No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?

- Yes  
 No

If yes, please explain

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

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?

- Yes  
 No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?

- Yes  
 No

If yes, please explain

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?

- Yes  
 No

If yes, please explain

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

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years?

- Yes  
 No

If yes, please explain

**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:

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

Do you hold or have you held a permanent RN or LPN 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)

9. If your license expired **WITHIN THE LAST 3 YEARS**, have you obtained the required 25 hours of continuing education credits within the two years immediately preceding this application for relicensure?  Yes  
 No

10. If your license expired **MORE THAN 3 YEARS AGO**, please check the appropriate box below and follow the instructions given:

I hold a current license/registration in the following state:

and will submit the 25 hours of continuing education credits earned within the two years immediately preceding the application for relicensure.

I do not hold a current nursing license/registration in another U.S. Jurisdiction and therefore, must take and pass the NCLEX.

Full Name:

#### 4. 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: \_\_\_\_\_

Please print out the Application (Pages 5-8). 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

## APPLICATION CHECKLIST

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.

**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 in the space provided on your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

**3. Licenses in Other State(s) and/or Province(s):** List all states/provinces where you have held an RN or LPN license. Indicate method of licensure - examination or endorsement.

**4. 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 Nursing 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. The name and address on your Michigan registered nurse or practical nurse application **must match exactly** to the name you registered with PPT. If your name does not match exactly, you may not receive your ATT or you may not be allowed to sit for your examination.
8. **SPECIAL ACCOMMODATIONS:** 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. We also 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 the accommodations provided to you during your education. These documents need to be submitted with your application, if not earlier, to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Nursing, ATTN: ADA Request, PO Box 30670, Lansing, MI 48909.
9. **REFUND POLICY:** If you wish to withdraw your application, you must notify the Board of Nursing in writing to request a partial refund.
10. If your name and/or address changes please notify the Board of Nursing 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](http://www.michigan.gov/healthlicense) and fax it to (517) 373-7179 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Nursing, Applications 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](http://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 active 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 or lapsed 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 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](http://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 can I get more information regarding the NCLEX Examination?**

You can contact Pearson Professional Testing (PPT) at (866) 496-2539 after your application has been submitted. In addition, an NCLEX bulletin can be downloaded at [www.ncsbn.org](http://www.ncsbn.org) or [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex).

### **Q. How long is my license valid?**

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 of Nursing 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 of Nursing.

## WEBSITES AND LINKS

### WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	<a href="http://www.michigan.gov/lara">www.michigan.gov/lara</a>
Bureau of Health Care Services	<a href="http://www.michigan.gov/bhcs">www.michigan.gov/bhcs</a>
Health Professions Licensing Division	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Michigan Board of Nursing Rules	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Michigan Public Health Code	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Application Status	<a href="http://www.michigan.gov/apstatus">www.michigan.gov/apstatus</a>
Verify a Health Professional License	<a href="http://www.michigan.gov/verifylicense">www.michigan.gov/verifylicense</a>
Renewal Website	<a href="http://www.michigan.gov/elicense">www.michigan.gov/elicense</a>

### LINKS:

National Council of State Boards of Nursing (NCSBN)	<a href="http://www.ncsbn.com">www.ncsbn.com</a>
Pearson Professional Testing (PPT)	<a href="http://www.pearsonvue.com/nclex">www.pearsonvue.com/nclex</a>
Nursys	<a href="http://www.nursys.com">www.nursys.com</a>
Identogo	<a href="http://www.identogo.com">www.identogo.com</a>