



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

NURSE SPECIALTY RECERTIFICATION APPLICATION PACKET

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NURSE SPECIALTY RECERTIFICATION 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 Board of Nursing.
2. Applicants for relicensure of a Michigan health professional license or registrations that has been expired **more** than 3 years 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. Your Michigan Registered Nurse license must be active prior to obtaining Nurse Specialty Recertification.
4. The appropriate specialty certification form must be submitted to the appropriate certifying agency to be completed and returned directly to the Michigan Board of Nursing. Electronic submissions of certification are acceptable if they are submitted directly from the certifying agency to the Michigan Board at bhcsdata@michigan.gov.
5. You must submit proof that you have met the following continuing education requirements for your nurse specialty:

Nurse Anesthetist: National Recertification for the Council on Recertification of Nurse Anesthetists obtained within the two-year period immediately preceding the date of this application for recertification.

Nurse Midwife: In the two-year period preceding the date of this application for recertification, you must provide proof of either: 1) meeting the Continuing Competency Assessment requirements of the ACNM if you were initially certified before January 1, 1996; or 2) continued certification or recertification from the ACNM Certification Council if you were initially certified after January 1, 1996; or 3) completion of 20 hours of continuing education in midwifery.

Nurse Practitioner: National Recertification or proof of continued certification from either the ANCC, The National Certification Board of Pediatric Nurse Practitioners and Nurses or the NCC **OR** if Michigan Board certification as a nurse practitioner was obtained before 1991, 40 hours of continuing education in the nursing specialty field obtained in the two-year period preceding the date of this application for recertification.

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 three year period following the date of application, the application will become invalid.

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| |
|--------------------|
| FOR BOARD USE ONLY |
| License #: |
| Issue Date: |

APPLICATION FOR NURSE SPECIALTY RECERTIFICATION
 Note: A separate application and fee must be filed for each recertification desired

I am applying for the following:

Nurse Anesthetist

Nurse Midwife

Nurse Practitioner

If your R.N. License Expires in:

13-24 Months the Fee is \$72.00 71-4704-025356
 5-12 Months the Fee is \$58.00 71-4704-015356
 0-4 Months the Fee is \$72.00 71-4704-025356

* If your current R.N. license expires within 120 days, you must pay the larger fee and your certification will be issued with your renewed, 2 year 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: | E-mail Address: | |
| 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 under 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:

Has your Michigan nursing specialty license been lapsed more than three years?

- Yes
- No

Expiration Date:

Permanent Registered Nurse Permanent ID/License Number:

4. CERTIFICATION

I certify that the above statements about my qualifications for a Michigan nurse specialty certification are true.

Signature of Applicant: _____ Date: _____

NURSE ANESTHETIST SPECIALTY CERTIFICATION

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 Part I. Type or print your name exactly as it appears on your Registered Nurse license. For completion of Section II, send this form to the designated certifying agency. **This certification must be submitted directly to the Michigan Board of Nursing by the designated certifying agency.**

| | | |
|--|----------------|------------------|
| First Name: | Middle Name: | Last Name: |
| U.S. Social Security #: | Date of Birth: | Phone Number: |
| Street Address: | | |
| City: | State: | Zip Code: |
| All Previous Names and/or Birth Name Used (if applicable): | | |
| Michigan R.N. Permanent I.D. Number: | | Expiration Date: |

Signature of Applicant: _____ Date: _____

SECTION II - CERTIFICATION OF LICENSURE

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this complete certification directly to the Michigan Board of Nursing at the address above.

| | |
|---|------------|
| This is to certify that the person identified above has met the requirements for certification or recertification by the: | |
| American Association of Nurse Anesthetists Council on Certification or Council on Recertification of Nurse Anesthetists | |
| Date of Initial Certification: | _____ |
| Date of Recertification: | _____ |
| Recertification Number: | _____ |
| Expiration Date: | _____ |
| Authorized Signature of Certifying Agency | Date _____ |
| | (SEAL) |
| Print or Type Name | |

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.

NURSE MIDWIFE SPECIALTY CERTIFICATION

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 Part I. Type or print your name exactly as it appears on your Registered Nurse license. For completion of Section II, send this form to the designated certifying agency. **This certification must be submitted directly to the Michigan Board of Nursing by the designated certifying agency.**

| | | |
|--|----------------|------------------|
| First Name: | Middle Name: | Last Name: |
| U.S. Social Security #: | Date of Birth: | Phone Number: |
| Street Address: | | |
| City: | State: | Zip Code: |
| All Previous Names and/or Birth Name Used (if applicable): | | |
| Michigan R.N. Permanent ID Number: | | Expiration Date: |

Signature of Applicant: _____ Date: _____

SECTION II - CERTIFICATION OF LICENSURE

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this complete certification directly to the Michigan Board of Nursing at the address above.

This is to certify that:

the person identified above has met the requirements for certification or recertification by the American Midwifery Certification Board (AMCB):

OR

the person identified above has met the Continuing Competency Assessment requirements of the AMCB.

American Midwifery Certification Board

Date completed Continuing Competency Assessment Requirements: _____

Date of Certification: _____

Certification Number: _____

Expiration Date: _____

Authorized Signature of Certifying Agency _____ Date _____ (SEAL)

Print or Type Name _____

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.

NURSE PRACTITIONER SPECIALTY CERTIFICATION

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 Part I. Type or print your name exactly as it appears on your Registered Nurse license. For completion of Section II, send this form to the designated certifying agency. **This certification must be submitted directly to the Michigan Board of Nursing by the designated certifying agency.**

| | | |
|---|----------------|---------------|
| First Name: | Middle Name: | Last Name: |
| U.S. Social Security #: | Date of Birth: | Phone Number: |
| Street Address: | | |
| City: | State: | Zip Code: |
| All Previous Names and/or Birth Name Used (if applicable) | | |

Signature of Applicant: _____ Date: _____

INDICATE AGENCY OF NATIONAL CERTIFICATION

AMERICAN NURSES CREDENTIALING CENTER

Nurse Practitioners

- Adult
- Family
- Acute Care
- Family Psychiatric and Mental Health
- Adult Psychiatric and Mental Health
- Gerontological
- Diabetes Management, Advanced
- Pediatric Nurse Practitioner

Clinical Nurse Specialists

- Adult Health
- Diabetes Management, Advanced
- Adult Psychiatric & Mental Health Nursing
- Child & Adolescent Psychiatric & Mental Health Nursing
- Public/Community Health Nursing
- Gerontological Nursing
- Pediatric Nursing

ONCOLOGY NURSING CERTIFICATION CORPORATION

NATIONAL CERTIFICATION CORPORATION

- Neonatal Nurse Practitioner
- Women's Health Care Nurse Practitioner

PEDIATRIC NURSING CERTIFICATION BOARD

AMERICAN ACADEMY OF NURSE PRACTITIONERS

Full Name:

SECTION II - CERTIFICATION OF LICENSURE

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this complete certification directly to the Michigan Board of Nursing at the address above.

This is to certify that the person identified above has met the requirements for certification or recertification by the:

Name of Certifying Agency

as a

| | | |
|-----------------------|----------------------|-----------------|
| <hr/> | <hr/> | <hr/> |
| Date of Certification | Certification Number | Expiration Date |

| | |
|---|--------|
| <hr/> | <hr/> |
| Authorized Signature of Certifying Agency | Date |
| | (SEAL) |

Print or Type Name

Please print out the Application (pages 4-6) and the appropriate specialty certification form (pages 7-10). 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 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. Nurse Practitioners Only: If you are certified by the National Certification Corporation (NCC), please indicate that with your application and include your NCC ID#. This information can also be e-mailed to BHCSHelp@michigan.gov.

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. REFUND POLICY: If you wish to withdraw your application, you must notify the Board of Nursing in writing to request a partial refund.
8. If your name and/or address changes please notify the Michigan 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 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.

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. |
| 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 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, Michigan 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?

The initial license is good for a partial licensure cycle and will expire on the upcoming March 31 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,

- A nurse anesthetist must have obtained recertification from the Council on Recertification of Nurse Anesthetists.
- A nurse midwife must have completed the American Midwifery Certification Board (AMCB) continuing competency assessment requirements if initially certified prior to 1996 or if initially certified after 1996, AMCB continuing competency assessment or 20 continuing education units in the nursing specialty field.
- A nurse practitioner must have obtained national recertification or maintained national certification or if Michigan Board certification as a nurse practitioner was obtained before 1991, completed 40 continuing education units in the nursing specialty field.

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. Renewal of the nurse specialty certification is separate from the renewal of the RN license.

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 Licensing 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/apstatus |
| Verify a Health Professional License | www.michigan.gov/verifylicense |
| Renewal Website | www.michigan.gov/elicense |

LINKS:

| | |
|---|--|
| American Nurses Credentialing Centers (ANCC) | www.nursecredentialing.org |
| National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) | www.nbcrna.com |
| American Midwifery Certification Board | www.amcbmidwife.org |
| American Academy of Nurse Practitioners | www.aanpcert.org |
| Pediatric Nursing Certification Board | www.pncb.org |
| National Certification Corporation | www.nccwebsite.org |
| Oncology Nursing Certification Corporation | www.oncc.org |