



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

APPLICATION FOR AN OSTEOPATHIC MEDICINE OR EDUCATIONAL LIMITED LICENSE

Authority: 1978 PA 368

Type or Print Clearly

| | | | |
|--|--|----------|---------|
| Applicant's Name (First, Middle, Last) | 10-Digit MI Permanent ID/License Number <i>(If Applicable)</i> | | |
| U.S. Social Security # <i>(New Applicants Only)</i> | Date of Birth <i>(New Applicants Only)</i> | | |
| 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 | |
|---|---------------------|------------|
| D.O. – By Endorsement \$151.50 5101-09 D.O. – By Exam \$151.50 5101-01 D.O. – Relicensure \$171.50 5101-06 Controlled Substance \$ 85.85 5101-013757 Educational Limited w/ Controlled Substance \$171.70 5101-375705 | License Number | Issue Date |
| 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-OSTEOAPP (Rev. 09/16)

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 Degree Granted |
|----------------|------------------------|
| | |
| | |

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 an osteopathic physician license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed and/or if disciplinary proceedings are currently pending 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. If you indicate there are pending disciplinary proceedings, you must submit documentation that they are not pending at the time of this application.

Be advised that as a condition of licensure you voluntarily agree to complete a probationary period or treatment plan, the terms of which are no less stringent than those imposed by the state(s) and/or country that imposed the sanction.

| State/Country | Permanent License/Registration Number | Date of Issuance | How Obtained (Examination, Endorsement) | Have You Ever Had Sanctions Imposed Against this License/Registration OR are there Pending Disciplinary Proceedings? (If Yes, be Specific) |
|---------------|---------------------------------------|------------------|---|--|
| | | | | |
| | | | | |

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.***)

Osteopathic License by Endorsement

- Certification of your examination scores submitted directly to this office from the National Board of Osteopathic Medical Examiners (NBOME). You may request certification from NBOME by visiting their website www.nbome.org (*for applicants licensed less than five years.*)
- Official transcripts confirming the completion of the requirements for a degree in osteopathic medicine submitted directly to this office from a school of osteopathic medicine.
- Certification of successful completion of 1 year postgraduate clinical training approved by the American Osteopathic Association (AOA) or the Accreditation Council for Graduate Medical Education (ACGME). The Medical Director or Superintendent where you completed your postgraduate clinical training must submit the Certification form directly to this office

Osteopathic License by Exam

- Certification of your examination scores submitted directly to this office from the National Board of Osteopathic Medical Examiners (NBOME). You may request certification from NBOME by visiting their website www.nbome.org.
- Official transcripts confirming the completion of the requirements for a degree in osteopathic medicine submitted directly to this office from a school of osteopathic medicine.
- Certification of successful completion of 1 year postgraduate clinical training approved by the American Osteopathic Association (AOA) or the Accreditation Council for Graduate Medical Education (ACGME). The Medical Director or Superintendent where you completed your postgraduate clinical training must submit the Certification form directly to this office.

Educational Limited License

- Official transcripts confirming the completion of the requirements for a degree in osteopathic medicine submitted directly to this office from a school of osteopathic medicine.
- A completed Certification of Appointment to a Michigan Training Program form submitted directly to this office by the hospital in which the training is to occur.

All schools of osteopathic medicine, hospitals and active postgraduate clinical training programs accredited by the American Osteopathic Association or the Accreditation Council for Graduate Medical Education are approved by the board.

FEDERATION CREDENTIALS VERIFICATION SERVICE:

- The Michigan Board of Osteopathic Medicine and Surgery 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 medical education, postgraduate training, examination history, 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 Osteopathic Medicine and Surgery 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 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