



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

Board of Osteopathic Medicine and Surgery

PO Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**OSTEOPATHIC MEDICINE AND SURGERY LICENSE
EDUCATIONAL LIMITED APPLICATION PACKET**

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OSTEOPATHIC MEDICINE AND SURGERY 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.*

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 Osteopathic Medicine and Surgery.
2. Applicants for osteopathic medicine and surgery licensure in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. 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. The Administrative Rules of the Michigan Board of Osteopathic Medicine and Surgery require an applicant for an Educational Limited license to be appointed to an AOA approved program **OR** have verification that they have completed an AOA approved internship. An educational license can be issued to an osteopathic physician who has been appointed to an ACGME-accredited post-graduate training program. However, ACGME-accredited post-graduate training cannot be used to meet the licensure requirements for a full osteopathic physician license unless you obtain AOA approval of the training program.

OSTEOPATHIC MEDICINE AND SURGERY ADDITIONAL INSTRUCTIONS FOR INTERNS

1. An educational limited license may be renewed a maximum of five (5) times, with no extensions available. An educational limited license is renewed each year on June 30.
2. You must arrange for final, official transcripts, requested by you and sent directly to this office from your school, showing the degree earned and the date conferred. If final transcripts are not available, an official letter of good standing from your Dean or Program Director may be substituted. This letter cannot be written more than 90 days prior to your date of graduation. Final, official transcripts will be required before you can upgrade to a full license.
3. The Board must receive the Certification of Appointment to a Michigan Training Program form mailed directly to this office from the institution where you have been appointed to the board-approved post-graduate internship training.

OSTEOPATHIC MEDICINE AND SURGERY ADDITIONAL INSTRUCTIONS FOR RESIDENTS

1. An educational limited license may be renewed a maximum of five (5) time, with no extensions available. An educational limited license is renewed each year on June 30.
2. You must arrange for final, official transcripts, requested by you and sent directly to this office from your school, showing the degree earned and the date conferred. If final transcripts are not available, an official letter of good standing from your Dean or Program Director may be substituted. This letter cannot be written more than 90 days prior to your date of graduation. Final, official transcripts will be required before you can upgrade to a full license.
3. The Board must receive the Certification of Appointment to a Michigan Training Program form mailed directly to this office from the institution where you have been appointed to the board-approved post-graduate residency training.
4. Verification of the completion of one year of AOA approved post-graduate internship training that is forwarded directly to this office from the training hospital on the Certification of Internship Form (included in this packet). **If the internship you completed was in an allopathic facility, you must contact the AOA to request approval of the program. If the osteopathic internship you completed was prior to 1988, you must contact the AOA and request a letter from the AOA be submitted directly to this office verifying the program's approval.**
5. Arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board 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 Veridoc verification system, you need to contact Veridoc on-line at www.veridoc.org for verification of your license(s).

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For Board Use Only
License #:
CS License #:
Issue Date:

APPLICATION FOR OSTEOPATHIC EDUCATIONAL LIMITED AND CONTROLLED SUBSTANCE LICENSES

I am applying for the following:

Educational Limited and Controlled Substance Licenses Fee: \$170.00 71-5101-375705

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:	
Name of Appointing Hospital:		
Hospital Street Address:		
City:	State:	Zip Code:
Have you ever held a health professional license in any profession in Michigan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your health professional license issued after 2008?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professional Permanent I.D./License Number:		Expiration Date:

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:

Have you ever been known under any other name? Yes
 If yes, list name(s): No

Will documents be received in any other name? Yes
 If yes, list name(s): No

3. Professional Education

**Provide a complete chronological record of your educational preparation.
 Attach additional sheets if necessary.**

Name and Address of Institution	Dates of Attendance		Degree
	From	To	

4. Post-graduate Experience

**Provide a description of your intern/residency training experience.
 Attach additional sheets if necessary.**

Hospital Name and Location	Dates of Practice		Program Title
	From	To	

Full Name: _____

5. License(s) in Other State(s) or Province(s)

Do you hold or have you held a permanent osteopathic license or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either endorsement or examination).

Yes
 No

DO NOT LIST TEMPORARY/LIMITED LICENSES. (Attach additional sheets if necessary.)

State/Country	Permanent License/Registration Number	Date of Issue	How Obtained (Exam or Endorsement)

6. 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 _____

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.

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CERTIFICATION OF APPOINTMENT TO A MICHIGAN TRAINING PROGRAM

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. Print this form and then for completion of Section II, send this form to the Program Director or Superintendent of the Michigan training hospital where you have been appointed. This certification must be submitted directly to the Michigan Board of Osteopathic Medicine and Surgery by the hospital.

First Name:	Middle Name:	Last Name:
Hospital Street Address:		
City:	State:	Zip Code:
SSN:	Date of Birth:	Email:
All Previous Names and/or Birth Name Used (if applicable):		Phone Number:

Program (Internship or Residency):

Name of Hospital:

Signature _____

Date _____

Upon completion of Section I, print, sign, and date the form then send the form to the Medical Director or Superintendent of the Michigan training hospital for completion of Section II. **This certification must be submitted directly to the Michigan Board of Osteopathic Medicine and Surgery by the Director or Superintendent of the training program.**

THIS SECTION TO BE COMPLETED BY THE MEDICAL DIRECTOR OR SUPERINTENDENT

SECTION II - CERTIFICATION OF APPOINTMENT

Please complete the following information. Return this completed certification directly to Department of Licensing and Regulatory Affairs, Michigan Board of Osteopathic Medicine and Surgery, PO Box 30670, Lansing MI 48909.

Name of Training Hospital:		
Street Address of Hospital:		
City:	State:	Zip Code:
Is this training program approved by the AOA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I certify that _____ has been duly appointed to the position of (Applicant's Full Name)		
_____ in _____ (Internship or Residency) (Program)		
at the hospital named above beginning _____ and ending _____ (Month/Day/Year) (Month/Day/Year)		
_____ Signature of Director or Superintendent	_____ Date of Signature	
_____ Print or Type Name of Director of Superintendent	(Seal) If hospital has no seal, please indicate	
_____ Title		

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.

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CERTIFICATION OF INTERNSHIP

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. Print this form and then for completion of Section II, send this form to the Medical Director or Superintendent of the training hospital where you served your internship. This certification must be submitted directly to the Michigan Board of Osteopathic Medicine and Surgery by the Director of the training program.

First Name:	Middle Name:	Last Name:
Street Address:		Apt/Bldg#:
City:	State:	Zip Code:
SSN:	Date of Birth:	E-mail:
All Previous Names and/or Birth Name Used (if applicable):		Phone Number:

Name of Hospital:

Signature _____

Date _____

Upon completion of Section I, print, sign, and date the form then send the form to the Medical Director or Superintendent of the training hospital where you served your internship for completion of Section II. **This certification must be submitted directly to the Michigan Board of Osteopathic Medicine and Surgery by the Director of the training program.**

THIS SECTION TO BE COMPLETED BY THE MEDICAL DIRECTOR OR SUPERINTENDENT

SECTION II - CERTIFICATION OF INTERNSHIP

Please complete the following information. Return this completed certification directly to Department of Licensing and Regulatory Affairs, Michigan Board of Osteopathic Medicine and Surgery, PO Box 30670, Lansing MI 48909.

Name of Hospital:		
Street Address of Hospital:		
City:	State:	Zip Code:
Is this internship AOA approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I certify that _____ has completed one year of internship at the above (Applicant's Full Name)		
named hospital beginning _____ and ending _____ (Month/Day/Year) (Month/Day/Year)		
I certify that this internship is one year in duration; of a rotating type, with rotations in the organized departments of Medicine, Surgery, Obstetrics and Gynecology; and that this hospital is currently approved for the training of interns by the American Osteopathic Association.		
I further certify that the above named physician has served an apportioned time in each of the named rotations and has satisfactorily performed his/her duties.		
_____ Signature of Medical Director or Superintendent	_____ Date of Signature	
_____ Print or Type Name	(Seal) If hospital has no seal, please indicate	
_____ Title		
IMPORTANT: This certification may not be dated and submitted more than fifteen (15) days prior to the completion of a full year's internship.		

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.

Please print out the Application (pages 5-8), Certification of Appointment to a Michigan Training Program (pages 9-10) and the Certification of Internship Form (if applicable, pages 11-12). 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 Osteopathic Medicine and Surgery
PO Box 30670
Lansing, MI 48909

If applicable, sign and date the Certification of Internship Form then submit it to the Medical Director or Superintendent to complete Section II and send directly to our office.

Sign and date the Certification of Appointment to a Michigan Training Program Form then submit it to the Program Director or Superintendent to complete Section II and send directly to our office.

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.

Email: 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 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. Professional Education: List your medical school(s). Include the name and address of your medical school, the graduation date and degree earned.

4. Post-graduate Experience Education: List your internship/residency training experience. Include the name and address of the hospital, dates of practice and the title of the program.

5. License in Other State(s) and/or Province(s): List all states/provinces where you have held an osteopathic medical license or registration. Indicate the license/registration number, date of issue, and the method of licensure - examination or endorsement. Please do not list temporary or educational licenses.

6. 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 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. Transcripts, Certifications of Internship Forms, or Certifications of Appointment to a Michigan Training Program Forms will not be accepted if faxed into our office.
7. A controlled substance license that is issued with an educational limited license becomes **NULL AND VOID** when the educational limited license expires. You **MUST** reapply for a new controlled substance license when you upgrade to a full osteopathic license.
8. **REFUND POLICY:** If you wish to withdraw your application, you must notify the Board of Osteopathic Medicine and Surgery in writing to request a partial refund.
9. If your name and/or address changes please notify the Board of Osteopathic Medicine and Surgery 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 ATTN: Applications Section to (517) 335-2044 or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Osteopathic Medicine and Surgery, 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

CONTACT HOUR/CREDIT	A continuing education credit or contact hour is equivalent to 50-60 minutes of program participation in a board-approved program.
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 has taken and passed Parts 1, 2 and 3 of the National Board examination.
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 that has not lapsed is reactivated by the Michigan Board of Osteopathic Medicine and Surgery.
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 Osteopathic Medicine and Surgery, 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 Michigan Board of Osteopathic Medicine and Surgery 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 for?

Educational limited licenses are valid for a one-year period until it must be renewed.

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 Osteopathic Medicine & Surgery Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
Renewal Website	www.michigan.gov/elicense

LINKS:

American Osteopathic Association (AOA)	www.osteopathic.org
National Board of Osteopathic Medical Examiners (NBOME)	www.nbome.org
Identogo	www.identogo.com