



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

**OSTEOPATHIC MEDICINE AND SURGERY LICENSE  
EXAMINATION APPLICATION PACKET**

**INCLUDED IN THIS PACKET:**

1. Mailing Information & Content.....	Pages 1-2
2. Licensure Instructions.....	Pages 3-4
3. Application.....	Pages 5-8
4. Certification of Internship.....	Pages 9-10
5. Printing Instructions.....	Page 11
6. Application Checklist.....	Page 12
7. Top Things Applicants Should Know.....	Page 13
8. Glossary/Definition of Terms.....	Page 14
9. Frequently Asked Questions.....	Page 15
10. Websites & Links.....	Page 16



## OSTEOPATHIC MEDICINE AND SURGERY LICENSURE BY EXAMINATION 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. If you held a Michigan educational limited license your controlled substance license will become NULL AND VOID when your educational limited license lapses. You must apply for a new controlled substance license with this full osteopathic application. A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you just prescribe controlled substances at more than one location, you only need one controlled substance license.
4. Arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board of Osteopathic Medicine and Surgery 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](http://www.veridoc.org) for verification of your license(s).

5. Contact the National Board of Osteopathic Medical Examiners (NBOME) to have passing scores on Parts 1, 2 and 3 of the National Board examination sent directly to this office.
6. Final, official transcripts, requested by you and sent directly to this office from your school, showing the degree earned and the date conferred.
7. 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 must be on the Certification of Internship form. **If the internship you completed was in an allopathic facility, you must contact the AOA to request approval of the program. If approved, the AOA must submit a letter directly to this office verifying the program's approval. 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.**

# OSTEOPATHIC MEDICINE AND SURGERY LICENSURE BY ENDORSEMENT INSTRUCTIONS

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. A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you just prescribe controlled substances at more than one location, you only need one controlled substance license.
4. Arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board of Osteopathic Medicine and Surgery 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](http://www.veridoc.org) for verification of your license(s).

5. **Applicants licensed in another state less than five years**, must arrange for passing scores on Parts 1, 2, and 3 of the National Board examination to be sent directly to this office by the National Board of Osteopathic Medical Examiners (NBOME).
6. Final, official transcripts, requested by you and sent directly to this office from your school, showing the degree earned and the date conferred.
7. 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 must be on the Certification of Internship form. **If the internship you completed was in an allopathic facility, you must contact the AOA to request approval of the program. If approved, the AOA must submit a letter directly to this office verifying the program's approval. 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.**

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-graduate training, examination history, and board action history.

Applicants for osteopathic medical licensure in Michigan may use the FCVS in lieu of separate verification of the above credentials from their primary source, as outlined above. Please note, however, that the use of the FCVS is strictly voluntary on the part of the applicant and that the Michigan Board of Osteopathic Medicine and Surgery might still 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 at (817) 868-5000.

Michigan Department of Licensing and Regulatory Affairs  
Board of Osteopathic Medicine and Surgery  
PO Box 30670

Lansing, MI 48909

(517) 335-0918

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

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

## APPLICATION FOR OSTEOPATHIC PHYSICIAN LICENSE

I am applying for the following:

- ☐ **License by Examination Fee: \$150.00 71-5101-01**
- ☐ **License by Endorsement Fee: \$150.00 71-5101-09**
- ☐ **Controlled Substance Fee: \$85.00 71-5315-3757**

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
Was your health professional license issued after 2008?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professional Permanent ID/License Number:			Expiration Date:
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:

9. Have you ever filed an Osteopathic Physician's application in Michigan?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
10. Have you taken the National Board Examination Parts I, 2 & 3?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
11. Have you ever been denied the privilege of taking an examination by any state medical board?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

**3. Professional Education**

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

Medical School	Graduation Date:	Degree Granted:

**4. Post-graduate Experience**

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

<b>Internship:</b>			
Hospital Name and Location:	Dates of Practice From:      To:	Program Title:	
<b>Residency:</b>			
Hospital Name and Location:	Dates of Practice From:      To:	Program Title:	

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 examination or endorsement).

☐ Yes☐ No

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

State/Country	Permanent License/Registration Number	Date of Issue	How Obtained (Examination 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.



Michigan Department of Licensing and Regulatory Affairs  
**Board of Osteopathic Medicine and Surgery**  
PO Box 30670  
Lansing MI 48909  
(517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

LARA/LOS-044 (04/15)

**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	Email	
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 SIDE 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 LARA, Michigan Board of Osteopathic Medicine and Surgery  
PO BOX 30670, Lansing MI 48909.

Name of Hospital		
Street Address of Hospital		
City	State	Zip Code
Was this internship AOA approved? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<p>I certify that _____ has completed one year of internship at the above (Applicant's Full Name)</p> <p>named hospital beginning _____ and ending _____ (Month/Day/Year) (Month/Day/Year)</p> <p>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.</p> <p>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.</p>		
_____ Signature of Medical Director or Superintendent		_____ Date of Signature
_____ Print or Type Name		(Seal) If hospital has no seal, please indicate
_____ Title		
<p><b>IMPORTANT:</b> This certification <b>may not</b> be dated and submitted more than fifteen (15) days prior to the completion of a full year's internship.</p>		

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) and the Certification of Internship Form (if applicable, pages 9-10). 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 Osteopathic Medicine and Surgery  
PO Box 30670  
Lansing MI 48909

Sign and date the Certification of Internship Form then submit it to the Medical Director or Superintendent to complete and send directly to our office.

## APPLICATION CHECKLIST INSTRUCTIONS

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. 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.

☐ **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 of Osteopathic Medicine and Surgery 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 Osteopathic Medicine and Surgery in writing to request a partial refund.
8. 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](http://www.michigan.gov/healthlicense) and fax it ATTN: Application Section to (517) 373-7179 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](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	An osteopathic physician is required to earn 150 hours of board-approved continuing education 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 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 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 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](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 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 do I get my National Board scores sent to Michigan?**

Contact the National Board of Osteopathic Medical Examiners (NBOME) online at [www.nbome.org](http://www.nbome.org), to have your scores sent directly to our office.

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

The initial license is good for a partial licensure cycle and will expire on the upcoming Dec. 31st renewal date. Each subsequent license will cover a full three-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 osteopathic physicians are required to earn 150 hours of board-approved continuing education credit over each three-year cycle of licensure. The Michigan Board of Osteopathic Medicine and Surgery does not receive attendance reports or track your education for you. You should maintain copies of your continuing education certificates for at least a five year period in case you are audited by the Michigan Board of Osteopathic Medicine and Surgery.

### **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.

## 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 Division	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Michigan Board of Osteopathic Medicine & Surgery 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>
License Verification	<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:**

American Osteopathic Association	<a href="http://www.osteopathic.org">www.osteopathic.org</a>
National Board of Osteopathic Medical Examiners (NBOME)	<a href="http://www.nbome.org">www.nbome.org</a>
Identogo	<a href="http://www.identogo.com">www.identogo.com</a>
Cogent Systems	<a href="http://www.cogentid.com">www.cogentid.com</a>