



Bureau of Professional Licensing  
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 Telephone: (517) 373-8068  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

## MILITARY SPOUSE TEMPORARY LICENSE RENEWAL APPLICATION

Authority: 1978 PA 368

**Print or Type Clearly**

Licensee's First Name	Middle Name	Last Name	
U.S. Social Security Number	Date of Birth	10-Digit MI Permanent ID/License Number	
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:  _____			

### CHECK ONE PROFESSION

Acupuncturist Athletic Trainer Audiologist Chiropractor Dentist Dental Specialty – Endodontist Dental Specialty – Orthodontist Dental Specialty – Pediatric Dental Specialty – Periodontist Dental Specialty – Prosthodontist Dental Specialty – Oral Surgeon Registered Dental Assistant Registered Dental Hygienist Marriage and Family Therapist Massage Therapist Medical Doctor Licensed Practical Nurse Registered Nurse R.N. Specialty – Nurse Anesthetist R.N. Specialty – Nurse Midwife R.N. Specialty – Nurse Practitioner Nursing Home Administrator Occupational Therapist Occupational Therapy Assistant Optometrist Osteopathic Physician Pharmacist Pharmacy Technician	Physical Therapist Physical Therapy Assistant Physician's Assistant Podiatrist Professional Counselor Master's Limited Psychologist Psychologist Respiratory Therapist Sanitarian Social Service Technician Bachelor's Social Worker Master Social Worker Speech – Language Pathologist Veterinarian Veterinary Technician		
<b>FOR OFFICE USE ONLY</b>			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">License Number</td> <td style="width: 30%;">Issue Date</td> </tr> </table>	License Number	Issue Date
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LARA/BPL-TEMPMILSPOUSEREN (Rev. 07/17)

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.

**Required Documents for Renewal for All Applicants:**

Military Spouse temporary licenses can be renewed for 1 additional 6 month term if the board determines the temporary licensee continues to meet the requirements of MCL 333.16181(5) of the Michigan Public Health Code and needs additional time to fulfill the requirements for initial licensure.

- Proof you hold a current license in good standing, or a current registration in good standing, in that health profession for which you are applying, issued by an equivalent licensing department, board, or authority, in another state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, another territory or protectorate of the United States, or a foreign country.
- Proof that you are married to a member of the armed forces of the United States.
- Proof that your spouse is on active duty.
- Proof that your spouse is assigned to a duty station in Michigan and that you are also assigned to a duty station in Michigan under your spouse's permanent change of station orders.

**GOOD MORAL CHARACTER QUESTIONS**

- |   |     |    |
|---|-----|----|
| 1. Have you been convicted of a felony you have not previously reported to the Department?  | YES | NO |
| 2. Have you been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years or a misdemeanor conviction involving the illegal delivery, possession, or use of alcohol or a controlled substance you have not previously reported to the Department?   | YES | NO |
| 3. Have any sanctions been imposed against you by a similar licensure, registration, certification or disciplinary board of another state or country you have not previously report to the Department?  | YES | NO |
| 4. 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(4) 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 MCL 333.18838. | YES | NO |

**CERTIFICATION AND SIGNATURE**

I understand by signing this renewal application, I certify all information to be true and correct and 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date