HLD/VOL (01/13)

Michigan Department of Licensing and Regulatory Affairs

Print Form

Bureau of Health Care Services
PO Box 30670
Lansing, Michigan 48909
Phone: (517) 335-0918
www.michigan.gov/healthlicense

VOLUNTEER LICENSE RENEWAL AFFIDAVIT

YOUR VOLUNTEER LICENSE WILL NOT BE RENEWED UNTIL WE RECEIVE THIS INFORMATION.

This form cannot be submitted on-line. Please complete this form, print it out, sign in the appropriate box and return it to the address above. Forms submitted that are not signed will be returned for a signature.

First Name:		**Middle Name:**		**Last Name:**	

Street Address:		**Phone:**	

City:		**State:**		**Zip Code:**	

US Social Security #		**Michigan Permanent I.D./License #**	

Date of Birth:		**E-Mail Address:**	

Board:

- ◯ **Dentistry**
- ◯ **Medicine**
- ◯ **Optometry**
- ◯ **Osteopathic Medicine**
- ◯ **Podiatric Medicine**

CERTIFICATION

I confirm that I am applying for a renewal of my volunteer license. This license will enable me to donate my expertise for the dental or medical care and treatment of the indigent and needy in this state or for the dental or medical care and treatment in medically under-served areas of the state.

I affirm that I will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation for any medical care services provided by me under the volunteer license.

I understand that I will be subject to all the provisions of the Public Health Code regarding licensure including the continuing education requirement when I renew the volunteer license.

Signature:		**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.