

ATHLETIC TRAINER LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended

This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Athletic Trainer Board. Questions regarding your application can be directed to the Athletic Trainer Board at (517) 335-0918 three weeks after the date you submit the application. Please allow 6-8 weeks processing time. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

In order to work as an Athletic Trainer in Michigan, you must be licensed by January 1, 2011.

ATHLETIC TRAINER LICENSE BY EXAMINATION:

1. Complete the application and return it to the Athletic Trainer Board with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned.
2. All applicants for a health profession license in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license will not be issued until this process is complete.
3. Arrange for the Board of Certification, Inc (BOC) to provide official verification of your current certification status to the Michigan Board. The official written verification must be submitted directly from BOC. You may contact BOC via their website: www.bocatc.org. Please select Athletic Trainers on the left side of the page and then click on Certification Verification. The Michigan Athletic Trainer Board requires official written verification sent directly from BOC.

NOTE: Effective January 1, 2011, licensure applicants will also be required to provide transcripts from the school where the Commission for Accreditation of Athletic Training Education (CAATE) or Canadian Athletic Therapists Association (CATA) approved athletic training degree was completed. If an applicant did not graduate from a CAATE or CATA approved educational program, in addition to final transcripts, the Certification of Athletic Trainer Education form must be received from the educational institution to verify completion of the required core curriculum.

4. Submit a photocopy of documentation of current certification in emergency cardiac care from an organization that provides training using the standards of emergency cardiac care for professional providers from either the American Heart Association or the American Red Cross.
5. Submit a photocopy of documentation of a minimum of 1 hour of first aid training received in the 3 years immediately preceding the date of submitting this license application. The first aid training must be offered by the American Red Cross or another organization that provides substantially equivalent first aid training.
6. Send the enclosed Verification of Licensure or Registration form to any state or province where you currently hold or have ever held a permanent athletic trainer license. The form may be duplicated as needed. As most states/provinces charge a fee for this service, you should contact each state/province to determine if a fee is required before sending them the form for completion. The verification form must be sent to the Michigan Board directly from each state or province where you have been licensed.

ATHLETIC TRAINER LICENSE BY ENDORSEMENT (You must be currently licensed in another state or Canadian province.)

1. Complete the application and return it to the Athletic Trainer Board with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned.
2. All applicants for a health profession license in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license will not be issued until this process is complete.
3. Send the enclosed Verification of Licensure or Registration form to any state or province where you currently hold or have ever held a permanent athletic trainer license. The form may be duplicated as needed. As most states/provinces charge a fee for this service, you should contact each state/province to determine if a fee is required before sending them the form for completion. The verification form must be sent to the Michigan Board directly from each state or province where you have been licensed.
4. Arrange for the Board of Certification, Inc (BOC) to provide official verification of your current certification status to the Michigan Board. The official written verification must be submitted directly from BOC. You may contact them via their website: www.bocatc.org. Please select Athletic Trainers on the left side of the page and then click on Certification Verification. The Michigan Athletic Trainer Board requires official written verification sent directly from BOC.

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If there is a change in your name and/or address, please notify the Athletic Trainer Board in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Athletic Trainer Board in writing to request a refund.
3. **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.
4. **CONTINUING EDUCATION:** This license will have a continuing education requirement for renewal starting with the licensing cycle from October 1, 2011 to September 30, 2014. Please check our website at www.michigan.gov/healthlicense for more information.

PLEASE NOTE: You are not required to complete any continuing education credits in order to renew your license for the first time because you will not have held the license for a full three-year period. Licensees will be expected to maintain current certification in first aid and emergency cardiac care in order to renew.

5. **FULL ATHLETIC TRAINER LICENSES ISSUED FOR THE FIRST TIME IN 2010 WILL BE VALID UNTIL SEPTEMBER 30, 2011; SUBSEQUENT RENEWALS ARE VALID FOR A THREE-YEAR PERIOD.**

TEMPORARY ATHLETIC TRAINER LICENSE

This license is available to applicants who have been continuously employed (at least 6,250 hours) as an athletic trainer for the 5-year period immediately preceding the date of application, but do not meet all the requirements for a full license. The temporary license is valid for a one-year period and can only be renewed two times. You must apply for the temporary license prior to January 1, 2011.

1. Complete the application and return it to the Athletic Trainer Board with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned.
2. All applicants for a health profession license in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license will not be issued until this process is complete.
3. You must possess at least a bachelor's degree from a regionally accredited college or university. Arrange for the school where you completed your degree to submit final, official transcripts directly to the Michigan Board. The transcript must show the degree earned and date conferred.
4. Submit the Certification of Athletic Trainer Education form to your educational institution for completion. The form must be completed and sent to the Board office directly from the educational institution. If your educational program was not CAATE approved, you must document the completion of courses in all required subjects listed on the form.
5. Submit the Verification of Athletic Trainer Employment form to your employer(s) for completion. The completed form must be completed and sent to the Board directly from your employer(s). If you have had more than one employer during the last 5 years, please make sure that a completed form is submitted by each employer.
6. While holding the Temporary Athletic Trainer license, you must be supervised by a physician or athletic trainer who is currently licensed in Michigan. Submit the Supervision Confirmation form to the licensee who will provide supervision while you hold the temporary license. The completed form must be submitted to this office directly from your licensed supervisor.
7. You must pass the Michigan Temporary Athletic Trainer Examination before the temporary license can be issued. Once all required documentation for the temporary license is received, you will be sent information about how to register for this examination.

EDUCATIONAL LIMITED ATHLETIC TRAINER LICENSE

This license is available, but not required, for students who are enrolled in the last semester of their athletic trainer educational program and will be gaining practical experience through their educational program at an off-site location. Whether to obtain the educational limited license is at the discretion of the educational program and the individual. An educational limited license is issued one time only and is valid for 6 months from the date it is issued.

1. Complete the application and return it to the Athletic Trainer Board with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned.
2. All applicants for a health profession license in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license will not be issued until this process is complete.
3. Submit a photocopy of documentation of current certification in emergency cardiac care from an organization that provides training using the standards of emergency cardiac care for professional providers from either the American Heart Association or the American Red Cross.
4. The Program Director of your CAATE accredited educational program must submit an official letter directly to the Michigan Board. The letter must clearly state that you are enrolled in the last semester of your educational program and that you will be participating in off-site training that is approved by the educational program. The letter should also include the date the off-site training will begin and the location of the training.
5. In lieu of providing the documentation in #3 and #4 above, an applicant may submit documentation of eligibility for the BOC certification examination.

GENERAL INFORMATION FOR TEMPORARY AND EDUCATIONAL LIMITED LICENSE APPLICANTS

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Athletic Trainer Board in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Athletic Trainer Board in writing to request a refund.
3. **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 222.16174 (3). 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.
4. You will not be required to repeat the fingerprint/criminal background check process when you apply for a full Athletic Trainer license.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at www.L1enrollment.com or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at www.cogentid.com/index.htm. Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to mihelp@cogentsystems.com.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit
1650 Wabash Ave. Ste. D
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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Applicant Instructions: Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)	Cost:

****Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

Athletic Trainer Board

P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

APPLICATION FOR LICENSURE AS AN ATHLETIC TRAINER

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Type or Print Only**I AM APPLYING FOR THE FOLLOWING:**

- License by Examination Fee: \$275.00 71-2601-01
- License by Endorsement Fee: \$275.00 71-2601-09
(must currently be licensed in another state)
- Educational Limited License Fee: \$275.00 71-2601-05
- Temporary License Fee: \$275.00 71-2601-03

Board Use Only

License Number

Date of Licensure

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.

Legal First Name	Legal Middle Name	Legal Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number ()
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		E-mail Address
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes	Michigan Health Professional Permanent I.D. /License Number and Expiration Date:	

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

Name

- 7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? Yes No
- 8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? Yes No
- 9. Do you hold or have you ever held a permanent athletic trainer license in any state? List each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). DO NOT LIST TEMPORARY LICENSES. **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** Yes No

State	License/Registration Number	Date of Issue	How obtained (Endorsement or examination)

10. Have you taken the BOC Athletic Trainer Credentialing examination? Yes No
- If "Yes", give the date of examination: _____

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	

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 or other 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
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Michigan Department of Licensing and Regulatory Affairs
Athletic Trainer Board
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

CERTIFICATION OF ATHLETIC TRAINING EDUCATION

Authority: Public Act 368 of 1978, as amended.
 If this form is not completed, certification will not be issued.

INSTRUCTIONS: Type or print your legal name exactly as it appears on your application. Complete Section I and, if necessary, Section II. Forward this form to the director of your athletic training education program for completion of Section II. This certification must be submitted directly to the Michigan Athletic Trainer Board by your educational institution.

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		
Name of Educational Institution	Date of Admission	Date Degree Granted
Level of Degree Granted	Discipline/Program Title	

Was the program you completed accredited by the Commission on Accreditation of Athletic Training Education (CAATE) or the Canadian Athletic Trainers Association (CATA)? Yes No

If the answer is Yes to the above question, it is not necessary to complete Section II. Please sign and forward to your educational institution for completion of Section III on the reverse side of this form.

SECTION II - PROGRAM INFORMATION

Was the institution you attended Regionally accredited? Yes No

My athletic training program consisted of areas of study in the courses indicated below as defined in Rule 338.1313 of the Board's Administrative Rules. List course titles and course numbers for each area below.

HEALTH:	PHYSIOLOGY OF EXERCISE:
HUMAN ANATOMY:	BASIC ATHLETIC TRAINING:
KINESIOLOGY/BODY MECHANICS:	ADVANCED ATHLETIC TRAINING:
HUMAN PHYSIOLOGY:	CPR AND FIRST AID CERTIFICATION:

Signature of Applicant	Date of Signature
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Name

EDUCATIONAL INSTITUTION INSTRUCTIONS:

Please complete Section II below and forward the completed form along with final official transcripts to the Michigan Athletic Trainer Board office at the address on Page 1 of this form. Attach additional sheets if needed to clarify the information provided on the certification.

SECTION III - CERTIFICATION OF ATHLETIC TRAINING PROGRAM

Name of Educational Institution	
Street Address of Institution	
City, State and ZIP Code	
<p>I certify that _____ attended the <small>(Applicant's Name)</small></p> <p>educational institution named above from _____, to _____, <small>(Month/Day/Year) (Month/Day/Year)</small></p> <p>and was granted a _____ degree in _____. <small>(level) (Discipline/Program Title)</small></p> <p>I certify that the program information on Page 1 of this form is correct.</p>	
_____ Signature of Program Representative	_____ Date of Signature
_____ Print or Type Name of Program Representative	
_____ Telephone Number or e-mail address of Program Representative	<p>(S E A L)</p> <p>If school has no seal please indicate</p>

Athletic Trainer Board

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthliconso

VERIFICATION OF ATHLETIC TRAINER EMPLOYMENT

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

INSTRUCTIONS: Complete Section I. Type or print your name exactly as it appears on your application. For completion of Section II, send this form to your employer. **This form must be submitted directly to the Michigan Athletic Trainer Board by your employer.**

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name
U.S. Social Security Number		Date of Birth
Street Address		
City		
State		ZIP Code
Telephone Number	E-mail Address	

Signature of Applicant	Date
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APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO YOUR EMPLOYER FOR COMPLETION OF SECTION II ON THE NEXT PAGE.

Name

THIS SIDE TO BE COMPLETED BY THE EMPLOYER.

Please complete the following information. Return this completed form directly to the Michigan Athletic Trainer Board at the address shown on page 1 of this form.

SECTION II - CERTIFICATION OF EMPLOYMENT

I certify that _____
(Applicant's Name)

is currently employed was previously employed

at _____
(Name of business/agency)

(Street Address)

(City) (State) (Zip Code)

The applicant's starting date of employment was: _____
(Month/Day/Year)

Is the applicant currently employed at your business/agency: Yes No

If no, the applicant's ending date of employment was: _____
(Month/Day/Year)

Has the applicant worked at least 6,250 hours at your business/agency: Yes No

If no, Total Number of Hours Worked: _____

The applicant's position was/is: _____
(Title)

The applicant was/is supervised by: _____
(Name of Supervisor) (Title of Supervisor)

I declare that the information contained in this document is true and correct.

Signature and Title Date

Print or Type Name

Athletic Trainer Board

P.O. Box 30670
Lansing, MI 48909
(517) 335-0918

www.michigan.gov/healthlicense

SUPERVISION CONFIRMATION FORM FOR TEMPORARY ATHLETIC TRAINER LICENSE

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

PART I - APPLICANT INFORMATION:

Instructions: Complete Part I. Type or print your legal name exactly as it appears on your application. Send this form to your supervisor for completion of Parts II and III. This form must be submitted directly to the Athletic Trainer Board from your supervisor.

First Name	Middle Name	Last Name	
Street Address			
City		State	Zip Code
U.S. Social Security Number		Birth Date	

PART II - SUPERVISOR INFORMATION

Instructions: Please complete Part II and III of this form and then mail it directly to the Board at the address given above.

Name	Michigan Health Professional Permanent I.D. Number and Expiration Date
Current Business Address	Daytime Telephone Number
Current Position/Title	

PART III- CERTIFICATION OF SUPERVISION

I hereby certify that I am a licensed physician or athletic trainer in the state of Michigan and will supervise	
_____	while he or she holds a temporary
Applicant's Full Name	
athletic trainer license.	
My Michigan health professional permanent I.D./license number is _____	
_____	_____
Signature of Supervisor	Date

Print Name and Title	

Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Osteopathy
<input type="checkbox"/> Athletic Trainers	<input type="checkbox"/> Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing Home Admin.	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Counseling	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Optometry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Respiratory Therapy	<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Social Work
<input type="checkbox"/> Speech-Language Pathology	<input type="checkbox"/> Veterinary Medicine	
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature_____
Date_____
Type or Print Name

(S E A L)

Title_____
Full Name of Licensing Board