



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JANET OLSZEWSKI  
DIRECTOR

## **CRIMINAL BACKGROUND CHECK FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)**

1. Complete the attached Livescan Fingerprint Request Form and schedule a fingerprinting appointment with L-1 Identity Solutions. A fee of \$62.75 is required for the fingerprinting process. The fee may be paid while registering on-line or at the fingerprinting appointment with either a business check or money order. Please note: The Agency ID Number needed for scheduling is 71734k.
2. To schedule a fingerprinting appointment on-line (Michigan locations only):  
  
Register with the approved fingerprinting vendor, L-1 Identity Solutions, at [www.L1enrollment.com](http://www.L1enrollment.com)  
  
Select Michigan as the State for which you are being fingerprinted, then complete the registration process and finalize your appointment at a location that is convenient for you..
3. To schedule a fingerprinting appointment by telephone (Michigan locations only):  
  
Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) and a representative will schedule the fingerprinting appointment and assist you in identifying a convenient location.
4. Please have the following with you upon arriving at your fingerprinting appointment:  
  
The attached completed Livescan Fingerprint Request Form.  
  
A driver's license or other state or federal issued picture identification (government ID, passport, military ID).  
  
A business check or money order for \$62.75 made payable in U.S. Funds to: L-1 Identity Solutions, unless you have made payment on-line.
5. A technician will scan your fingerprints and submit the data electronically to the Michigan State Police.
6. You will receive a signed receipt at the end of your fingerprinting session, which will include a TCN identification number that can be kept as proof of completing the fingerprinting process.
7. If no criminal history information is found, the Bureau of Health Professions will be notified.
8. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
9. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 322-1956.



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**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) 322-1956.

Michigan Department of Community Health  
**Bureau of Health Professions**  
 P.O. Box 30670  
 Lansing, MI 48909  
 (517) 335-0918

## 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: <b>71734k</b>	Agency Name: <b>Department of Community Health, Bureau of Health Professions</b>
Reason Fingerprinted: <b>LHP - Licensed Health Care Professional</b>	Cost: <b>\$62.75</b>

**\*\*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.

**Board Of Pharmacy**

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**APPLICATION FOR CONTROLLED SUBSTANCE  
RESEARCH LICENSE**

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

A controlled substance license is required for every person who manufactures, distributes, prescribes, dispenses, or conducts research as described in P.A. 368 of 1978, as amended.

**Type or Print Only**

Board Use Only

Date of Licensure

License Number

**I AM APPLYING FOR THE FOLLOWING:**

- Schedule 2-5 Research (includes instructional) Fee: \$85.00 71-5304-3757
- Schedule 1 Research (includes instructional) Fee: \$85.00 71-5304-3757
- Analytical Laboratory Fee: \$85.00 71-5304-3757

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

**INFORMATION TO BE INCLUDED WITH APPLICATION****All Applicants:**

- Credentials to Conduct the Proposed Research (including FDA & DEA approval)
- Protocol of the Proposed Research
- List of Controlled Substances & Doses to be Used
- Procedures for Storage & Security of Drugs
- List of Other Staff/Persons Involved

**Analytical Laboratory (if conducting chemical analysis with a controlled substance listed in any schedule):**

IN ADDITION TO INFORMATION REQUIRED FOR ALL APPLICANTS, PLEASE PROVIDE:

- Brief Resume Covering Activities Under Your Supervision

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Phone Number
Business Name		
Business Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		Michigan Permanent I. I.D./License Number and Expiration Date
County	Federal Employer #	

**Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.**

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

<b>Name</b>	
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 in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state controlled substance license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 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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