



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

Hurricane Katrina Evacuees Special Licensure Process

The Michigan Department of Community Health, Bureau of Health Professions, would like to give you an opportunity to practice in Michigan during the period of displacement from your home and profession. In order to open our system to you but also protect our citizens, we have established the following procedures for the issuance of a temporary license to displaced health professionals or the issuance of a license to practice as an intern or resident in Michigan.

Currently Licensed Health Professionals

1. Complete the Michigan endorsement licensure application which can be downloaded from our website at www.michigan.gov/healthlicense or we can mail one to you or it can be picked up in our offices at 611 W. Ottawa, 1st floor in Lansing Michigan. You do not need to submit documentation of your education, experience or verification of your licensure from your state board at this time. We have direct links to organizations that can provide this information to our office in this emergency situation.

NOTE: We will also verify the status of your license in any other states in which you are or have ever held a license. If you have been disciplined in any state, the issuance of a license may be delayed until we can confirm the current status of that disciplinary action. If you are currently under discipline in another state, you may not be eligible for licensure in Michigan.

2. Complete the Displaced Person Affidavit
3. Submit the application and affidavit to the Michigan Department of Community Health, Bureau of Health Professions. To expedite the application process, we recommend that the application be hand-delivered to our offices or express mailed to our offices through one of the independent delivery services. (The U.S. postal express delivery is sent to a central mailing location which will delay the processing of your application.)
4. If possible, please include a copy of your health profession license with the application and the affidavit.
5. The fee for the temporary license will be waived assuming we can verify the current status of your license in one of the affected states.
6. If we are unable to verify your current license status, you may be required to submit additional documentation and/or fees.

Interns/ Residents in a Health Profession

1. Complete the Michigan educational limited (intern or resident) licensure application which can be downloaded from our website at www.michigan.gov/healthlicense or we can mail one to you or it can be picked up in our offices at 611 W. Ottawa, 1st floor in Lansing Michigan. You do not need to submit documentation of your education, experience or verification of your licensure from your state board at this time. We have direct links to organizations that can provide this information to our office in this emergency situation.
2. Complete the Displaced Person Affidavit
3. Submit the application and affidavit to the Michigan Department of Community Health, Bureau of Health Professions. To expedite the application process, we recommend that the application be hand-delivered to our offices or express mailed to our offices through one of the independent delivery services. (The U.S. postal express delivery is sent to a central mailing location which will delay the processing of your application.)
4. If possible, please include a copy of your health profession license with the application and the affidavit.
5. Have the Michigan educational program submit verification of your participation in their program (For medical and osteopathic residents, the graduate medical program should submit the Certification of Appointment or Internship form to our office.)
6. The fee for the temporary license will be waived assuming we can verify the current status of your license in one of the affected states. If we are unable to verify your current license status, you may be required to submit additional documentation and/or fees.

If you have any questions, please call 517-335-0918 for assistance.



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DISPLACED PERSON AFFIDAVIT

I, _____, am currently licensed in the State of _____ as a(n) _____. Due to the effects of Hurricane Katrina, I am unable to resume my practice. I am seeking temporary licensure in Michigan. I understand that a license may be issued to me if the Department of Community Health, Bureau of Health Professions, can confirm that that I have met the educational and/or experiential standards required of Michigan applicants or that my licensure is current and unencumbered in the affected state and any other states in which I hold licensure. The staff of the Bureau will expedite the processing of my application by seeking alternative means to confirm my education and licensure status. I understand that the license will be valid until the next expiration date for my profession and may be renewed for up to one additional year pending recovery of my practice in the affected state. I further understand that if I choose to remain in Michigan, I will have to provide any additional documentation required for full licensure. I will become familiar with and will be subject to the Michigan laws regulating my profession.

Full Name: First, Middle Initial, Last Name

Date

Professional License Number

DEA License Number, if applicable