

Michigan Department of Licensing and Regulatory Affairs
Board of Pharmacy
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918

PHARMACIST 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 Board of Pharmacy. Questions regarding your application can be directed to the Michigan Board of Pharmacy at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time.

LICENSURE BY EXAMINATION

1. Complete the application and return it to the Board of Pharmacy with the appropriate fees. If you dispense controlled substances, you must apply for both a pharmacist and a controlled substance license. An application accompanied by the appropriate fee is valid for two years. 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to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration 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 or registration will not be issued until this process is complete.
3. Graduates of ACPE approved pharmacy education programs must forward the Certificate of Pharmacy Education to your school of pharmacy to request verification of pharmacy education and externship hours granted. **The Certificate of Pharmacy Education must be mailed directly from your college to this office.**
4. Graduates of foreign pharmacy programs that are not ACPE approved must complete the Foreign Pharmacy Graduate Examination Committee certification program (FPGEC) administered by the National Association of Boards of Pharmacy (NABP). Applicants must send a signed, written request to NABP so that an official copy of the FPGEC certificate will be sent directly to the Michigan Board office. Requests should be sent to The Foreign Pharmacy Graduate Education Commission, 1600 Feehanville Drive, Mount Prospect, IL 60056-6014 or by fax to (847) 391-4502.
5. Michigan requires 1,000 hours of internship (including externship). The Internship Training Affidavit form provided with the application should be used only to report those intern hours gained in Michigan while holding an intern license. You must hold an internship license in order for any of your intern hours obtained in Michigan to count toward licensure. Hours gained in other states must be reported directly to this office by the Board of Pharmacy in the state where the intern hours were obtained.
6. All applicants for pharmacist licensure must take and pass the NAPLEX (North American Pharmacist Licensing Exam) and the MPJE (Multi-state Pharmacy Jurisprudence Exam).
 - a. Applicants for the NAPLEX and MPJE examinations must apply online at www.nabp.net. Information about content and administration of both examinations is available in the NAPLEX/MPJE Registration Bulletin that is also available only online at www.nabp.net. The sample Scantron form included in the online Bulletin cannot be printed and submitted as the registration form.
 - b. You will be issued an Authorization to Test by the testing company after you have sent in your exam registration(s) and the Michigan Board of Pharmacy has made you eligible for the exams. The Authorization to Test will contain the dates you are eligible to take the NAPLEX and MPJE. Please refer to the NAPLEX/MPJE Registration Bulletin for more information.

7. *If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. We must receive copies of any testing and/or evaluations that were done to make the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be included when you submit your license application and preferably prior to that date. The information should be sent to: LARA, ADA/Applications, Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909.*

LICENSURE BY SCORE TRANSFER (PREVIOUSLY TAKEN THE NAPLEX EXAMINATION)

1. Complete the application and return it to the Board of Pharmacy with the appropriate fees. If you dispense controlled substances, you must apply for both a pharmacist and controlled substance license. An application accompanied by the appropriate fee is valid for two years. 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.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration 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 or registration will not be issued until this process is complete.
3. Graduates of ACPE approved pharmacy education programs must forward the Certificate of Pharmacy Education to your school of pharmacy to request verification of pharmacy education and externship hours granted. **The Certificate of Pharmacy Education must be mailed directly from your college to this office.**
4. Graduates of foreign pharmacy programs that are not ACPE approved must complete the Foreign Pharmacy Graduate Examination Committee certification program (FPGEC) administered by the National Association of Boards of Pharmacy (NABP). Applicants must send a signed, written request to NABP so that an official copy of the FPGEC certificate will be sent directly to the Michigan Board office. Requests should be sent to The Foreign Pharmacy Graduate Education Commission, 1600 Feehanville Drive, Mount Prospect, IL 60056-6014 or by fax to (847) 391-4502.
5. Contact the National Association of Boards of Pharmacy (NABP) to seek instructions on providing your NABP licensure and exam history to Michigan. NABP can be reached at (847) 391-4406 or online at www.nabp.net. Official scores from the NAPLEX examination **must** be received directly from the National Association of Boards of Pharmacy.
6. Michigan requires 1,000 hours of internship (including externship). The Internship Training Affidavit form provided with the application should be used only to report those intern hours gained in Michigan while holding an intern license. Hours gained in other states must be reported directly to this office by the Board of Pharmacy in the state where the intern hours were obtained.
7. All applicants for pharmacist licensure by score transfer must take and pass the MPJE (Multi-state Pharmacy Jurisprudence Exam).
 - a. Applicants for the MPJE examination must apply online at www.napb.net. Information about the content and administration of the MPJE is available in the NAPLEX/MPJE Registration Bulletin that is also available only on-line at www.nabp.net. The sample Scantron form included in the online Bulletin cannot be printed and submitted as the registration form.
 - b. You will be issued an Authorization to Test by the testing company after you have registered for the MPJE and have been made eligible by the Michigan Board of Pharmacy. The Authorization to Test will contain the dates you are eligible to take the MPJE.

8. ***If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. We must receive copies of any testing and/or evaluations that were done to make the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be included when you submit your license application and preferably prior to that date. The information should be sent to: LARA, ADA/Applications, Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909.***

LICENSURE BY ENDORSEMENT (LICENSED IN ANOTHER STATE)

1. Complete the application and return it to the Board of Pharmacy with the appropriate fees. If you dispense controlled substances, you must apply for both a pharmacist and controlled substance license. An application accompanied by the appropriate fee is valid for two years. 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.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration 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 or registration will not be issued until this process is complete.
3. Contact the National Association of Boards of Pharmacy (NABP) to seek instructions on providing your NABP licensure and exam history to Michigan. NABP can be reached at (847) 391-4406, by fax at (847) 391-4502 or at www.nabp.net.
4. All applicants for pharmacist licensure by endorsement must take and pass the MPJE (Multi-state Pharmacy Jurisprudence Exam).
 - a. Applicants for the MPJE examination must apply online at www.napb.net. Information about the content and administration of the MPJE is available in the NAPLEX/MPJE Registration Bulletin that is also available only on-line at www.nabp.net. The sample Scantron form included in the online Bulletin cannot be printed and submitted as the registration form.
 - b. You will be issued an Authorization to Test by the testing company after you have registered for the MPJE and have been made eligible by the Michigan Board of Pharmacy. The Authorization to Test will contain the dates you are eligible to take the MPJE.
5. ***If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. We must receive copies of any testing and/or evaluations that were done to make the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be included when you submit your license application and preferably prior to that date. The information should be sent to: LARA, ADA/Applications, Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909.***

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Pharmacy 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 Board of Pharmacy 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 or registration.
4. CONTINUING EDUCATION: This license has a continuing education requirement for renewal. Please check our website at www.michigan.gov/healthlicense for more information on the specific requirements.
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 two-year period.
5. ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A TWO-YEAR PERIOD.



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.

Board of Pharmacy

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

APPLICATION FOR PHARMACIST 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 prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

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

- Pharmacist License by Examination Fee: \$60.00 71-5302-01
- Pharmacist License by Score Transfer Fee: \$60.00 71-5302-01
- Pharmacist License by Endorsement - Fee: \$60.00 71-5302-09
- Controlled Substance License: Fee: \$85.00 71-5302-13757

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.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Phone 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 - If yes, list Michigan Permanent I.D./License Number _____		

PROFESSIONAL EDUCATION

Name of Pharmacy College:
Address of Pharmacy College:

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

Board Use Only

License Number:

Date of licensure:

Name

- 5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period? Yes No

- 6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period? Yes No

- 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 staff privileges involuntarily modified? Yes No

- 9. Do you hold or have you ever held a permanent pharmacist license in any state? If yes, list the state(s) in which you hold or have held a pharmacist license, the license or registration number, the date issued, and how the license was obtained. **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 Number	Date of Issue	How Obtained (Endorsement or examination)

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

Board of Pharmacy

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

CERTIFICATION OF PHARMACY EDUCATION

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

SECTION I - APPLICANT INFORMATION

Applicant complete Section I. Type or print your name exactly as it appears on your application. Send this form to be completed and mailed directly to this office by the dean or authorized person of your school of pharmacy. This certification must be submitted directly to the Michigan Board of Pharmacy by the pharmacy school.

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

SECTION II - CERTIFICATION TO BE COMPLETED BY THE DEAN OR AUTHORIZED PERSON OF THE PHARMACY SCHOOL

INSTRUCTIONS FOR COMPLETING SECTION II:

Please complete the following information. Return this completed certification directly to the Michigan Board of Pharmacy at the address shown on this form.

I certify that _____
 (Student Name)

has met the requirements for the degree of _____ from
 (Degree)

_____ on the _____ day of
 (School/College of Pharmacy)

_____, year of _____ .
 (Month)

COLLEGE SPONSORED INTERNSHIP EXPERIENCE

Date Experience Began	Date Experience Completed	Total Clock Hours
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 Signature of Dean or Authorized Person

 Date of Signature

 Print or Type Name of Dean or Authorized Person and Title

(S E A L)

If school has no seal, please indicate

NOTE: This form may not be completed and submitted prior to the date on which the applicant's requirements for a pharmacy degree are met. If the form is received in this office prior to that date, it will be returned for submission at the appropriate time.

Board of Pharmacy

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www.michigan.gov/healthlicense

INTERNSHIP TRAINING AFFIDAVIT

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

Note: This form is to be used only to report those intern hours gained in Michigan while holding a Michigan Pharmacist Intern license. Hours gained in other states must be reported to this office directly by the Board of Pharmacy in the state where the intern hours were obtained.

INSTRUCTIONS: This form is to be completed by the Preceptor or Authorized Agent. Please use a separate Affidavit for each site where internship was completed.

INTERN INFORMATION

Type or Print Only

First Name	Middle Name	Last Name	
Street Address		Michigan Permanent I.D. Number and Expiration Date	
City	State	ZIP Code	
Is this a name change? <input type="checkbox"/> No <input type="checkbox"/> Yes- If yes, indicate previous name _____		Is this an address change? <input type="checkbox"/> No <input type="checkbox"/> Yes	

SITE INFORMATION

Site Name	Street Address		
City	State	ZIP Code	

PRECEPTOR INFORMATION

Preceptor Name	Preceptor Michigan Permanent I.D. Number and Expiration Date
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PRECEPTORSHIP INFORMATION

Please separate concurrent (a maximum of 16 hours weekly can be gained while in a school) from Non-Concurrent Training (a maximum of 40 hours weekly can be gained while not in school, school breaks, vacation, etc.). Separate dates of internship from externship.

Date From	Date To	# of Weeks	Hours Per Week	Total Hours	Board Use Only
INTERNSHIP					
EXTERNSHIP					
Total Approved Hours					
Approved by					

Name

The Board of Pharmacy requires that Interns receive professional and practical experience in all of the following areas: Pharmacy Administration and Management; Drug Distribution, Use and Control; Legal Requirements; Providing Health Information Services and Advising Patients; Pharmacists' Ethical and Professional Responsibilities; Drug and Product Information.

Use the grid below to indicate the approximate percent of internship hours that have been devoted to each area of training. Also indicate whether or not additional instruction in this area of training is indicated and planned.

AREA OF TRAINING	APPROXIMATE % OF REPORTED HOURS DEVOTED TO THIS AREA OF TRAINING	IS ADDITIONAL INSTRUCTION IN THIS AREA INDICATED & PLANNED? (YES OR NO)
Pharmacy Administration & Management		
Drug Distribution, Use, & Control		
Legal Requirements		
Providing Health Information & Advising Patients		
Pharmacists' Ethical & Professional Responsibilities		
Drug & Product Information		
Other Internship Activities (List Below):		
TOTAL	100%	

We certify that the information provided above accurately reflects the internship experience gained during this reporting period.

Preceptor's Signature

Intern's Signature

Michigan Department of Licensing and Regulatory Affairs
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"/> Audiology <input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Admin. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Sanitarian <input type="checkbox"/> Social Work <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