

Michigan Department of Licensing and Regulatory Affairs
Board of Veterinary Medicine
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

VETERINARY MEDICINE LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

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complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.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

LICENSURE BY EXAM FOR GRADUATES OF AVMA APPROVED PROGRAMS:

1. Submit a completed application and proper fee. 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the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid.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. Arrange for a final official transcript that includes the date your veterinary medicine degree was conferred. This transcript must be sent directly to the Michigan Board office by your school of veterinary medicine.
4. Arrange for passing scores on the NAVLE examination to be submitted to our office directly from the National Board of Veterinary Medical Examiners (NBVME).
5. In order to take the NAVLE Examination, an applicant must register with NBVME. **NBVME will determine the eligibility of all Michigan applicants for the exam.** Michigan applicants must complete both a NAVLE and a Michigan NAVLE application. Exam applications and more information about the NAVLE examination can be found at www.nbvme.org. Questions regarding the examination application process should be directed to NBVME at 701-224-0332 or by e-mail to mail@nbvme.org.
6. ***If you will require special testing accommodations because of a disability, you must submit a letter to the Michigan Board that indicates what your disability is and what type of accommodations you are requesting. Also, we require that you send us documentation from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your educational program that describes any accommodations that were provided to you during your education. These documents need to be submitted at the same time you send in this license application to Bureau of Health Professions, Attn: ADA Request, PO Box 30670, Lansing, MI 48909.***
7. If you have already successfully completed the NBE and CCT or the NAVLE exams in another state, you must have those scores sent directly to this office by the AAVSB Veterinary Information Verifying Agency (VIVA). Contact VIVA by phone at 877-931-1504 ext 231 or by e-mail at viva@aavsb.org
8. Arrange for verification of licensure from any state where you hold or have ever held a permanent license to practice as a veterinarian to be sent directly to the Michigan Board from the other state(s). A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion.

LICENSURE BY EXAM FOR GRADUATES OF FOREIGN VETERINARY EDUCATION PROGRAMS:

1. Submit a completed application and proper fee. 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 and fee are no longer valid.
2. **Effective October 1, 2008**, 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. The Michigan Board of Veterinary Medicine accepts certification from either the Educational Commission for Foreign Veterinary Graduates (ECFVG) or the Program for the Assessment of Veterinary Education Equivalence (PAVE) to document the equivalency of your veterinary medicine education. You will not be issued a license in Michigan until we receive official notification from either ECFVG or PAVE that you have obtained certification. Information about ECFVG can be found at www.avma.org/education/ECFVG. Information about PAVE can be found at www.aavsb.org/PAVE.
4. You must arrange for passing scores on the NAVLE examination to be submitted to our office directly from the National Board of Veterinary Medical Examiners (NBVME). Exam applications and more information about the NAVLE examination can be found at www.nbvme.org.
5. **Eligibility for ECFVG candidates:** To sit for the NAVLE Examination, you must submit a letter to NBVME verifying enrollment in the ECFVG certification program and passing scores on the ECFVG Step 3 Examination. This must be sent directly to the NBVME by the ECFVG. Contact ECFVG at 847-925-8070 ext 6623 or by e-mail at MBarbosa@avma.org.

Eligibility for PAVE candidates: To sit for the NAVLE Examination, you must first pass the Qualifying Examination (PAVE Step 3). Please contact PAVE by phone at 816-931-1504, ext 226 or by e-mail at pave@aavsb.org.

In order to take the NAVLE Examination, an applicant must register with NBVME. **NBVME will determine the eligibility of all Michigan applicants for the exam.** Michigan applicants must complete both a NAVLE and a Michigan NAVLE application. Questions regarding the examination application process should be directed to NBVME at 701-224-0332 or by e-mail to mail@nbvme.org.

6. ***If you will require special testing accommodations because of a disability, you must submit a letter to the Michigan Board that indicates what your disability is and what type of accommodations you are requesting. Also, we require that you send us documentation from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your educational program that describes any accommodations that were provided to you during your education. These documents need to be submitted at the same time you send in this license application to Bureau of Health Professions, Attn: ADA Request, PO Box 30670, Lansing, MI 48909.***
7. If you have already successfully completed the NBE and CCT or the NAVLE exam in another state, you must have those scores sent directly to this office by the AAVSB Veterinary Information Verifying Agency (VIVA). Contact VIVA by phone at 877-931-1504 ext 231 or by e-mail at viva@aavsb.org.
8. Arrange for verification of licensure from any state where you hold or have ever held a permanent license to practice as a veterinarian to be sent directly to the Michigan Board from the other state(s). A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion.

INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT

NOTE: Applicants for licensure by endorsement must hold a current license to practice as a veterinarian in another state. If you do not hold a current license, you must apply for licensure by examination and follow the instructions on page 1.

Applicants who were first licensed as a veterinarian in another state and have engaged in the practice of veterinary medicine for a minimum of 10 years prior to the date of application for Michigan veterinary licensure, must do the following:

1. Submit a completed application and proper fee. 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 and fee are no longer valid.
2. **Effective October 1, 2008**, 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 verification of licensure from any state where you hold or have ever held a permanent license to practice as a veterinarian to be sent directly to the Michigan Board from the other state(s). A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion.

All other applicants should submit the following:

1. Submit a completed application and proper fee. 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 and fee are no longer valid.
2. **Effective October 1, 2008**, 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. A final, official transcript of your veterinary education sent directly to this office by your AVMA-approved school of veterinary medicine. Transcripts must contain the degree earned and the date conferred.

Graduates of foreign veterinary education programs must have verification of either ECFVG certification or PAVE certification sent directly to the Michigan Board office from the certifying body. ECFVG can be reached at 847-925-8070 ext 6623 or by e-mail at MBarbosa@avma.org. PAVE by phone at 1-816-931-1504, ext 226 or by e-mail at pave@aavsb.org.

4. Verification of passing scores on the NAVLE examination. NAVLE scores must be sent directly to the Michigan Board by the AAVSB Veterinary Information Verifying Agency (VIVA). Contact VIVA by phone at 877-931-1504 ext 231 or by e-mail at viva@aavsb.org.
5. Arrange for verification of licensure from any state where you hold or have ever held a permanent license to practice as a veterinarian to be sent directly to the Michigan Board from the other state(s). A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion.

INSTRUCTIONS FOR AN EDUCATIONAL LIMITED LICENSE:

Any individual engaged in postgraduate training is required to hold either a full or educational limited license. (A limited license restricts the work of the licensee to the site designated on the limited license.) To be eligible for a limited license, an applicant must submit all of the following documents:

1. Submit a completed application and proper fee. 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 and fee are no longer valid.
2. **Effective October 1, 2008**, 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. A letter from an AVMA-approved college of veterinary medicine verifying that the applicant has been admitted to a postgraduate training program. The letter should include a statement that the applicant will not be practicing veterinary medicine independently or outside of the postgraduate training program.
4. Verification of passing scores on the NAVLE examination. NAVLE scores must be sent directly to the Michigan Board by the AAVSB Veterinary Information Verifying Agency (VIVA). Contact VIVA by phone at 877-931-1504 ext 231 or by e-mail at viva@aavsb.org.
5. Verification of licensure from any state where you hold or have ever held a permanent license to practice as a veterinarian. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

INSTRUCTIONS FOR A CLINICAL ACADEMIC LICENSE:

Any individual engaged in the practice of veterinary medicine, as a clinical instructor in an AVMA-approved college of veterinary medicine, is required to hold either a full or clinical academic license. (A clinical academic license restricts the work of the licensee to the site designated on the clinical academic license.) To be eligible for a clinical academic license, an applicant must submit all of the following documents:

1. Submit a completed application and proper fee. 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 and fee are no longer valid.
2. **Effective October 1, 2008**, 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. A final, official transcript that includes the date your veterinary medicine degree was conferred must be sent directly to this office by your AVMA-approved school of veterinary medicine. Foreign graduates must either have their veterinary school submit a final, official transcript **or** have verification of certification from ECFVG or PAVE sent directly to the Michigan Board office from the certifying body. ECFVG can be reached at 847-925-8070 ext 6623 or by e-mail at MBarbosa@avma.org. PAVE by phone at 1-816-931-1504, ext 226 or by e-mail at pave@aavsb.org.
4. A letter from an AVMA-approved college of veterinary medicine verifying that the applicant has been appointed to its academic faculty. The letter should include a statement that the applicant will not be practicing veterinary medicine independently or outside of the position as a clinical instructor.
5. Verification of licensure from any state where you hold or have ever held a permanent license to practice as a veterinarian. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Veterinary Medicine 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 Veterinary Medicine 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. **ORIGINAL FULL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A TWO-YEAR PERIOD.**

ORIGINAL CLINICAL ACADEMIC AND EDUCATION LIMITED LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE VALID FOR A ONE-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 Veterinary Medicine

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

APPLICATION FOR LICENSE AS A VETERINARIAN

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).

Board Use Only
License Number
Controlled Substance License Number
Date of Licensure

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

- License by Examination (Examination Fee Not Included) Fee: \$80.00 71-6901-01
- License by Endorsement (Must Currently be licensed in Another State) Fee: 80.00 71-6901-09
- Educational Limited License Fee: \$50.00 71-6901-05
- Clinical Academic License Fee: \$50.00 71-6901-03
- Controlled Substance License: Fee \$85.00 71-5315-13757

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 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. 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 or controlled substance 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 you health care facility staff privileges involuntarily modified? Yes No
9. Do you hold or have you ever held a veterinary license in any state? List each state, the license number, the date issued and how the license was obtained (either endorsement or examination). **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)

10. Have you ever taken the National Board Exams? If yes, give date(s) and name of the examination.

No Yes _____

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	

Provide a description of your professional veterinary experience. Attach additional sheets if necessary.

Name and Address of Employer	Dates of Practice		Duties
	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
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