

MICHIGAN MEDICAL DOCTOR (MD) LICENSING GUIDE

LICENSURE REQUIREMENTS CHECKLIST

(Listed below are the minimum requirements needed to obtain a medical doctor license.)

APPLICATION AND FEES

- ☐ Online Application for a Medical Doctor License - Complete all fields, answer all questions, and upload any supporting documentation.
- ☐ Online Application for Controlled Substance License (Optional)
- ☐ Online applications can be completed by visiting www.michigan.gov/miplus
- ☐ Application Fee + 3 year license fee: (Must be paid by Visa, Mastercard, American Express or Discover credit or debit card)
MD by Exam or Endorsement: \$367.70
Controlled Substance: \$254.10

THE FOLLOWING REQUIREMENTS APPLY TO ALL APPLICANTS

- ☐ If you will be prescribing, dispensing, manufacturing, or distributing controlled substances, you must apply for both a medical doctor license and controlled substance license. You may apply for a controlled substance license by completing the controlled substance license fields in the application. If you do not apply for a controlled substance license on your medical doctor application, you must wait for the medical doctor license to be issued before you may apply for a controlled substance license.
- ☐ Effective September 1, 2019, an individual seeking a controlled substance license or who is licensed to prescribe or dispense controlled substances must have completed a one-time training in opioids and controlled substances awareness that meets the standards established in the Board of Pharmacy Controlled Substances Administrative Rules, R 338.3135 prior to being issued a license.
- ☐ Criminal Background Check – Once the online application is completed and submitted you will be emailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (except those applicants seeking relicensure, for a license that expired within the last three years).
- ☐ Good Moral Character Questions – Documentation and explanation will be required if you answer “yes” to either question to show at the current time you have the ability to, and are likely to, serve the public in a fair, honest and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license.

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- ☐ Human Trafficking – Beginning December 6, 2021, completion of a one-time training to identify victims of human trafficking is required for individuals seeking licensure that meets the standards of Administrative Rule 338.2413.
- ☐ Social Security Number (SSN) – An individual applying for licensure is required to provide his or her social security number at the time of application. If exempt under law from obtaining an SSN or you do not have an SSN, the SSN affidavit form will be required to be uploaded at the time the application is submitted.
- ☐ Verification of Licensure – Verification of licensure must be sent directly to our office by the licensing agency of any state or province of Canada in which you hold or ever held a license as a medical doctor. Verification includes, but is not limited to, showing proof that the applicant's license is in good standing and, if applicable, the record of any disciplinary action taken or pending against the applicant. Verification can be emailed to bpldata@michigan.gov or mailed to the Bureau of Professional Licensing, PO Box 30670, Lansing, MI 48909.
- ☐ Professional Education – Name of school attended, and name of educational program completed.
- ☐ Hospital Affiliations – Name of each hospital where you are employed or under contract along with name of each hospital in which you are allowed to practice.
- ☐ English Language Proficiency – An individual applying for licensure must demonstrate a working knowledge of the English language. This can be established if either the applicant's required health professional educational program was taught in English, a transcript establishes the applicant earned not less than 60 college level credits from an English-speaking graduate or undergraduate school, or that the applicant obtained a passing score on an approved English proficiency exam as established by the department under R 338.7002b(2) of the Public Health Code – General Rules.

ADDITIONAL REQUIREMENTS FOR LICENSURE BY EXAM FOR THOSE WHO ARE GRADUATES OF MEDICAL SCHOOLS LOCATED IN THE UNITED STATES, ITS TERRITORIES, OR THE DOMINION OF CANADA **(These are in addition to the requirements stated above that apply to ALL Applicants)**

- ☐ Certification of Medical Education Form – This must be submitted directly to our office from the medical school attended and meet the standards set forth by the Board. The form can be emailed to bpldata@michigan.gov or mailed to the Bureau of Professional Licensing, PO Box 30670, Lansing, MI 48909.
- ☐ USMLE Examination Scores – Verification must be sent directly to our office of your passing scores on all parts of the USMLE. Score reports must be sent from either the Federation of State Medical Boards by visiting their website at www.fsmb.org or the National Board of Medical Examiners (if tested May 1994 or earlier) at www.nbme.org, and can be emailed to bpldata@michigan.gov or mailed to the Bureau of Professional Licensing at PO Box 30670, Lansing, MI 48909.
- ☐ Certification of Completion of 2 years postgraduate clinical training – The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office by email to bpldata@michigan.gov or by mail to the Bureau of Professional Licensing, PO Box 30670, Lansing, MI 48909.

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ADDITIONAL REQUIREMENTS FOR LICENSURE BY EXAM FOR THOSE WHO ARE GRADUATES OF FOREIGN MEDICAL SCHOOLS **(These are in addition to the requirements stated above that apply to ALL Applicants)**

- ☐ Verification of your Educational Commission for the Foreign Medical Graduates (ECFMG) – Certificate must be submitted directly to our office from the ECFMG. Please access their website at www.ecfmq.com for information and instructions on how to arrange for your ECFMG status report to be sent to our office.
- ☐ USMLE Examination Scores – Verification must be sent directly to our office of your passing scores on all parts of the USMLE. Score reports must be sent from either the Federation of State Medical Boards by visiting their website at www.fsmb.org or the National Board of Medical Examiners (if tested May 1994 or earlier) at www.nbme.org, and can be emailed to bpldata@michigan.gov or mailed to the Bureau of Professional Licensing, PO Box 30670, Lansing, MI 48909.
- ☐ Certification of Completion of 2 years postgraduate training – The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office by email to bpldata@michigan.gov or by mail to the Bureau of Professional Licensing, PO Box 30670, Lansing, MI 48909.

ADDITIONAL REQUIREMENTS FOR LICENSURE BY ENDORSEMENT FOR THOSE LICENSED TO PRACTICE MEDICINE AT LEAST 10 YEARS PRIOR TO THE FILING DATE OF THEIR APPLICATION **(These are in addition to the requirements stated above that apply to ALL Applicants)**

- ☐ Must hold an active license in another state for a minimum of 10 years. Verification of licensure must be sent directly to our office by the licensing agency of any state which you hold or ever held a license in as a medical doctor. Verification includes, but is not limited to, showing proof that the applicant's license is in good standing and, if applicable, any disciplinary action taken or pending against the applicant. Verification can be emailed to bpldata@michigan.gov or mailed to the Bureau of Professional Licensing, PO Box 30670, Lansing, MI 48909.

ADDITIONAL REQUIREMENTS FOR LICENSURE BY ENDORSEMENT FOR THOSE LICENSED TO PRACTICE MEDICINE LESS THAN 10 YEARS PRIOR TO THE FILING DATE OF THEIR APPLICATION **(These are in addition to the requirements stated above that apply to ALL Applicants)**

- ☐ Certification of completion of 2 years postgraduate training – The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office by email to bpldata@michigan.gov or by mail to the Bureau of Professional Licensing, PO Box 30670, Lansing, MI 48909.
- ☐ USMLE Examination Scores – Verification must be sent directly to our office of your passing scores on all parts of the USMLE. Score reports must be sent from either the Federation of State Medical Boards by visiting their website at www.fsmb.org or the National Board of Medical Examiners (if tested May 1994 or earlier) at www.nbme.org, and can be emailed to bpldata@michigan.gov or mailed to the Bureau of Professional Licensing, PO Box 30670, Lansing, MI 48909.

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ADDITIONAL REQUIREMENTS FOR LICENSURE BY ENDORSEMENT FOR THOSE LICENSED IN A PROVINCE OF CANADA (These are in addition to the requirements stated above that apply to ALL Applicants)

- ☐ Verification of the completion of the educational requirements for a medical doctor license in a province of Canada or another state to obtain licensure as a medical doctor in a province of Canada or another state. Verification can be emailed to bpldata@michigan.gov or mailed to the Bureau of Professional Licensing at PO Box 30670, Lansing, MI 48909.
- ☐ Verification of Licensure – Verification of licensure must be sent directly to our office by the licensing agency of any state or province of Canada which you hold or ever held a license in as a medical doctor. Verification includes, but is not limited to, showing proof that the applicant's license is in good standing and, if applicable, any disciplinary action taken or pending against the applicant. Verification can be emailed to bpldata@michigan.gov or mailed to the Bureau of Professional Licensing at PO Box 30670, Lansing, MI 48909.
- ☐ USMLE Examination Scores – Verification must be sent directly to our office of your passing scores on all parts of the USMLE. Score reports must be sent from either the Federation of State Medical Boards by visiting their website at www.fsmb.org or the National Board of Medical Examiners (if tested May 1994 or earlier) at www.nbme.org, and can be emailed to bpldata@michigan.gov or mailed to the Bureau of Professional Licensing at PO Box 30670, Lansing, MI 48909.

ADDITIONAL REQUIREMENTS FOR THOSE WHO HOLD A CURRENT CLINICAL ACADEMIC LIMITED LICENSE AND ARE APPLYING FOR FULL MEDICAL DOCTOR LICENSURE (These are in addition to the requirements stated above that apply to ALL Applicants)

- ☐ Must be actively engaged in the practice of medicine for not less than 10 years after completing the requirements for a degree in medicine located outside the United States or Canada.
- ☐ Certification of completion of not less than 3 years postgraduate clinical training in an institution that has an affiliation with a medical school that is listed in a directory of medical schools published by the World Health Organization (WHO). The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office by email to bpldata@michigan.gov or by mail to the Bureau of Professional Licensing, PO Box 30670, Lansing, MI 48909.
- ☐ USMLE Examination Scores – Certification must be sent directly to our office of your passing scores on all parts of the USMLE. Score reports must be sent from either the Federation of State Medical Boards by visiting their website at www.fsmb.org or the National Board of Medical Examiners (if tested May 1994 or earlier) at www.nbme.org, and can be emailed to bpldata@michigan.gov or mailed to the Bureau of Professional Licensing, PO Box 30670, Lansing, MI 48909.
- ☐ Certification of Practice in an Academic Institution – The certification form must be submitted directly to this office by the Director of Medical Education where you practiced under the Clinical Academic license. You must have practiced under this license for at least 2 years immediately preceding the application for a full license and during that time have functioned at least 800 hours per year in the observation and treatment of patients.

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ADDITIONAL REQUIREMENTS FOR THOSE WHO WERE GRANTED A CLINICAL ACADEMIC LIMITED LICENSE AFTER JANUARY 1, 2011 BUT BEFORE JANUARY 1, 2017 AND ARE APPLYING FOR FULL MEDICAL DOCTOR LICENSURE **(These are in addition to the requirements stated above that apply to ALL Applicants)**

- ☐ Must be actively engaged in the practice of medicine for not less than 10 years after completing the requirements for a degree in medicine located outside the United States or Canada.
- ☐ Certification of completion of not less than 3 years postgraduate clinical training in an institution that has an affiliation with a medical school that is listed in a directory of medical schools published by the World Health Organization (WHO). The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office by email to bpldata@michigan.gov or mail to the Bureau of Professional Licensing, PO Box 30670, Lansing, MI 48909.
- ☐ Have continuously held a license to practice medicine from March 27, 2019 through the date of application for a full medical license in Michigan.

ADDITIONAL REQUIREMENTS FOR THOSE APPLYING FOR RELICENSURE **(These are in addition to the requirements stated above that apply to All Applicants)**

- ☐ Online application can be completed by visiting www.michigan.gov/miplus, select **MiPLUS Login**, select **"Modification"** next to your license number and this will start the relicensure process.
- ☐ Application Fee + 3 year license fee: (Must be paid by Visa, Mastercard, American Express or Discover credit or debit card)
MD Relicensure: \$387.70
Controlled Substance: \$254.10

All relicensure applicants must complete the following:

- ☐ Submit proof to the department of accumulating not less than 150 hours of Board approved continuing education during the 3 years immediately preceding the date of the application for relicensure. Of the 150 hours a minimum of 1 hour in medical ethics must be earned. A minimum of 3 hours in pain and symptom management and at least 1 of the 3 hours must include controlled substances prescribing.

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Applicants for relicensure whose license has lapsed for 3 years but less than 5 years preceding the date of application for relicensure must complete the above requirement listed for all relicensure applicants along with EITHER of the following requirements:

- ☐ Presents proof to the department that he or she is actively licensed and in good standing as a medical doctor in another state.
- ☐ Completes **1** of the following during the 3 years immediately preceding the date of the application for relicensure:
 - Takes and passes the Special Purpose Examination (SPEX) offered by the FSMB.
 - Successfully completes a Board approved postgraduate training program. *
 - Successfully completes a physician re-entry program that is accredited by the Coalition for Physician Enhancement or affiliated with a medical school accredited by the Liaison Committee on Medical Education. *

Applicants for relicensure whose license has lapsed for 5 years or more preceding the date of application for relicensure must complete the above requirement listed for all relicensure applicants along with EITHER of the following requirements:

- ☐ Presents evidence to the department that he or she is actively licensed and in good standing as a medical doctor in another state.
- ☐ Complete BOTH of the following during the 3 years immediately preceding the date of the application for relicensure:
 - Takes and passes the Special Purpose Examination (SPEX) offered by the FSMB.
 - Successfully completes 1 of the following:
 - A Board approved postgraduate training program. *
 - A physician re-entry program that is accredited by the Coalition for Physician Enhancement or affiliated with a medical school accredited by the Liaison Committee on Medical Education. *

* If you are an applicant for relicensure and need to complete a board approved post-graduate training program or a physician re-entry program, you may apply and be granted an educational limited license for the sole purpose of completing that training.

RENEWAL REQUIREMENTS CHECKLIST

- ☐ Online Application for Medical Doctor Renewal and Controlled Substance License Renewal – Must be completed by visiting www.michigan.gov/miplus.
- ☐ MD Renewal Application Fee: \$308.25 (Must be paid by Visa, Mastercard, American Express or Discover credit or debit card)

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- ☐ Controlled Substance Renewal Application Fee: \$243.30 (if applicable)
 - ☐ Renewal Cycle: 3 years
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- ☐ Good Moral Character Questions – Documentation and explanation will be required if you answer “yes” to either question to show at the current time you have the ability to, and are likely to, serve the public in a fair, honest and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking license renewal.
 - ☐ Disciplinary Question - Documentation will be required if you answer “yes” to having sanctions imposed against you by a similar licensure, registration, certification, or disciplinary board of another state or country you have not previously reported to the department.
 - ☐ Human Trafficking Training – Beginning with the 2017 renewal cycle and all renewal cycles thereafter, licensees seeking renewal must certify on their renewal application that prior to renewing their license they have completed a one-time training in identifying victims of human trafficking that meets the standards in Administrative Rule 338.2413.
 - ☐ Opioids and Controlled Substance Awareness Training - Beginning with the 2022 renewal cycles and all renewal cycles thereafter, controlled substance licensees or individuals who are licensed to prescribe or dispense controlled substances must certify on their renewal application that prior to renewing their license they have completed a 1-time training in opioids and controlled substance awareness that meets the standards established in Administrative Rule 338.3135.
 - ☐ Hospital Affiliations – Name of each hospital where you are employed or under contract along with name of each hospital in which you are allowed to practice.
 - ☐ Accept Renewal Attestation - By accepting the renewal attestation you as the licensee are certifying that you have met the continuing education requirements during the renewal period and all information provided on your renewal application is true and correct:
 - ☐ If licensed during the full 3-year renewal cycle:
 - 150 hours of continuing medical education in courses or programs approved by the board of which a minimum 75 hours of the required 150 hours earned in courses or programs designated as Category 1 programs.
 - A minimum of 3 hours of continuing education earned in the area of pain and symptom management. At least 1 of the 3 hours must include controlled substance prescribing.
 - A minimum of 1 hour of continuing education earned in the area of medical ethics.

HELPFUL RESOURCES AND FORMS

- ☐ By visiting www.michigan.gov/healthlicense and clicking on the medicine link you can access the following helpful resources and forms:

Resources:

- ☐ Public Health Code
- ☐ Administrative Rules for Medicine

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Forms:

- ☐ Certificate of Completion of Postgraduate Training
- ☐ Certification of Medical Education of Medical Schools in U.S.
- ☐ Certification of Postgraduate Training for Clinical Academic Limited License Holders Seeking Full Licensure
- ☐ Certification of Practice in an Academic Institution