

VOLUNTEER LICENSE APPLICATION

Authority: 1978 PA 368

Print or Type Clearly

Applicant's Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number (If Applicable)	
U.S. Social Security # (New Applicants Only)		Date of Birth (New Applicants Only)	
Address			
City	State	Zip Code	Country
Telephone Number		Email Address	
List any other name or alias by which you have ever been known, including maiden name, if applicable: _____			

CHECK ONE PROFESSION

Acupuncturist Athletic Trainer Audiologist Chiropractor Dentist Dental Specialty – Endodontist Dental Specialty – Orthodontist Dental Specialty – Pediatric Dental Specialty – Periodontist Dental Specialty – Prosthodontist Dental Specialty – Oral Surgeon Registered Dental Assistant Registered Dental Hygienist Marriage and Family Therapist Massage Therapist Medical Doctor Licensed Practical Nurse Registered Nurse R.N. Specialty – Nurse Anesthetist R.N. Specialty – Nurse Midwife R.N. Specialty – Nurse Practitioner Nursing Home Administrator Occupational Therapist Occupational Therapy Assistant Optometrist Osteopathic Physician Pharmacist Physical Therapist	Physical Therapy Assistant Physician's Assistant Podiatrist Professional Counselor Master's Limited Psychologist Psychologist Respiratory Therapist Sanitarian Social Service Technician Bachelor's Social Worker Master Social Worker Speech – Language Pathologist Veterinarian Veterinary Technician Controlled Substance License \$85.85 5315-3757				
FOR OFFICE USE ONLY					
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">License Number</td> <td style="width: 30%;">Issue Date</td> </tr> <tr> <td colspan="2" style="height: 100px;"> </td> </tr> </table>		License Number	Issue Date		
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Continuing Education

Have you been out of practice 3 or more years?	Yes	No
If yes, have you attended at least 2/3 of the required continuing education courses or programs required to renew your license during the 3 years immediately preceding application?	Yes	No

Required Additional Documents:

All Applicants

- There is no fee for the volunteer license. However, there is a fee for a controlled substance license, if the applicant is authorized to hold a controlled substance license and needs it to provide services with the volunteer license.
- If your professional license has been lapsed for more than 3 years and you were licensed in a profession with continuing education requirements for renewal, you must submit proof of completing 2/3 of the required continuing education courses during the 3 years immediately preceding this application. Information regarding continuing education may be found at www.michigan.gov/healthlicense and click on your specific profession, then under "Licensing Information" click on "CE Requirements."

CERTIFICATION AND SIGNATURE

I confirm that I have retired from engaging in active practice of a health profession and that I am now applying for a volunteer license. This license will be utilized to donate my expertise for the health care and treatment of the indigent and needy in this state or for the health care and treatment in medically underserved areas of this state.

I understand that I will be subject to all the provisions of the Public Health Code regarding licensure including the continuing education requirement and disciplinary action if I am granted a volunteer license.

I affirm that I will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation for any health care treatment services provided by me under the volunteer license and I will not engage in activities outside the scope of practice of the profession for which I was licensed prior to retirement.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. Further, by signing below, I certify that I have completed the required number of continuing education credits.

Signature

Date