



Bureau of Professional Licensing
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**APPLICATION FOR A PHYSICIAN'S ASSISTANT
 LICENSURE AND RELICENSURE**

Authority: 1978 PA 368

****THIS FORM IS NOT TO BE USED TO RENEW YOUR LICENSE****

Print or Type Clearly

Applicant's First Name		Middle Name	Last Name	
U.S. Social Security Number		Date of Birth (MM/DD/YYYY)	10-Digit MI Permanent ID/License Number (If Applicable)	
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 THE LICENSE/OBTAINED BY METHOD			FOR OFFICE USE ONLY	
Physician's Assistant – By Endorsement Controlled Substance	\$ 95.40 \$ 90.15	5601-09 5315-37 = \$68.95 5315-57 = \$21.20	Temporary License Number	Issue Date
			Permanent License Number	Issue Date
			CS License Number	Issue Date
Physician's Assistant – By Exam Controlled Substance	\$ 95.40 \$ 90.15	5601-01 5315-37 = \$68.95 5315-57 = \$21.20		
Physician's Assistant – Relicensure Controlled Substance	\$115.40 \$ 90.15	5601-06 5315-37 = \$68.95 5315-57 = \$21.20		
Physician's Assistant – Exam & Temporary Controlled Substance*	\$132.50 \$ 90.15	5601-04 = \$37.10 5601-01 = \$95.40 5315-37 = \$68.95 5315-57 = \$21.20		
*Note: Controlled Substance License will be issued in conjunction with full license. Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN , must accompany this request. DO NOT SEND CASH. Fees are non-refundable.				

LARA/BPL-PAAPP (10/18)

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.

Professional Education
(Attach additional sheets if necessary)

Name of School	Name of Degree Granted

License(s) in Other State(s) and/or Country

List each state or country where you have ever held a physician's assistant profession license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed against that license or registration. (Attach additional sheets if necessary)

If you indicate there have been sanctions imposed against a license or registration, you must submit documentation that sanctions are not in force at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination/Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration?

Good Moral Character Questions

If you answer "yes" to either of the next two questions, you must submit a written explanation as to what took place including date(s) of occurrence(s), court documents, documentation which shows 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.

Have you ever been convicted of a felony?	Yes	No
Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years OR a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?	Yes	No

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CERTIFICATION AND SIGNATURE

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 Federal Bureau of Investigation, Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

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.

I understand that upon receiving my license that I must adhere to the applicable section of the Public Health Code, 1978 PA 368, Section 17047 (medicine), Section 17547 (osteopathic medicine) or Section 18047 (podiatric medicine) and shall not engage in the practice as a Physician's Assistant except under the terms of a practice agreement that meets the requirements of the applicable section. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

Signature of Applicant

Date

Printed Name of Applicant

Required Additional Documents:

All Applicants

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (***except those applicants seeking relicensure, if the license expired within the last three years***).
- Human Trafficking requirement – Administrative Rule R 338.6103: This is a one-time training that is separate from continuing education (CE). Licensees renewing for 2018 must complete training by renewal in 2020; renewals for 2019 by 2021, and renewals for 2020 by 2022. Beginning April 22, 2021, completion of the training is a requirement for initial licensure.

Physician's Assistant License by Endorsement

Applicants for licensure by endorsement who were first licensed, certified or registered to practice in another state BEFORE July 7, 1986 must submit the following:

- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a physician's assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- Certification of your passing examination scores submitted directly to this office from the examination agency. Contact the NCCPA to have the results of your PANCE examination scores sent directly to this office. You may request a score report via email at credentialing@nccpa.net. Contact PANCE via their website at www.nccpa.net or by calling 678-417-8100.

Applicants for licensure by endorsement who were first licensed, certified or registered to practice in another state ON or AFTER July 7, 1986 must submit the following:

- Official transcripts submitted directly to this office from the approved educational program from which you graduated. Transcripts must include degree awarded and the date conferred.
- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a physician's assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- Certification of your passing examination scores submitted directly to this office from the examination agency. Contact the NCCPA to have the results of your PANCE examination scores sent directly to this office. You may request a score report via email at credentialing@nccpa.net. Contact PANCE via their website at www.nccpa.net or by calling 678-417-8100.

Physician's Assistant License by Exam

- Official transcripts submitted directly to this office from the approved educational program from which you graduated. Transcripts must include degree awarded and the date conferred.
- Certification of your passing examination scores submitted directly to this office from the examination agency. Contact the NCCPA to have the results of your PANCE examination scores sent directly to this office. You may request a score report via email at credentialing@nccpa.net. Contact PANCE via their website at www.nccpa.net or by calling 678-417-8100.

Physician's Assistant Temporary License

A temporary license is valid for not more than 12 months, is non-renewable and will be revoked upon notification that the applicant has failed the examination. A temporary license may be granted to applicants who have completed their educational program but have not yet passed the PANCE examination.

- Official transcripts submitted directly to this office from the approved educational program from which you graduated. Transcripts must include degree awarded and the date conferred.

- OR -

An official letter of good standing from the Dean or Program Director of your school indicating the date you receive your degree. You must graduate prior to taking the examination. The final, official transcript must be received directly from your school before your license will be issued.

- You will be made eligible to sit for the NCCPA examination upon receipt of your licensure application, cleared fingerprints and schooling verification. Exam Registration Form and information regarding the examination are available at www.nccpa.net or by calling NCCPA at 678-417-8100.

Relicensure – Full License

If your license has been expired for LESS than 3 years at the time of application and you hold or have held a license in another state, you must submit the following:

- The required relicensure fee and completed application.
- Verification/certification of licensure to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a physician's assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

If your license has been expired for LESS than 3 years at the time of application and you DO NOT hold or have previously held a license in another state, you must submit the following:

- The required relicensure fee and completed application.

If your license has been expired for 3 or MORE years at the time of application you must submit the following:

- The required relicensure fee and completed application.
- Submit fingerprints and undergo a Criminal Background Check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application confirmation letter that will be sent when your application and fee are processed. DO NOT have your fingerprints taken prior to receiving this information.

AND

- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you have been licensed during the 3-year period immediately preceding the date of the application for relicensure. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

OR

- Certification that you have passed either the certifying (PANCE) or recertifying (PANRE) examination within the 10-year period immediately preceding the date of this application. You may request a score report via email at credentialing@nccpa.net or via NCCPA's website at www.nccpa.net.