

**APPLICATION FOR WAIVER OF CONTINUING EDUCATION REQUIREMENTS**

Authority: Public Act 368 of 1978  
 If this form is not completed, certification will not be issued.

**INSTRUCTIONS** - An application for waiver of all or part of the continuing education requirements for license renewal should be made AFTER receipt of the application for license renewal, but before the application for license renewal is submitted. An applicant should not submit the license renewal application unless the continuing education requirements have either been waived or met. Return the completed application to the above address. If you are requesting a partial continuing education (CE) waiver, please include proof of the CE programs you have attended.

First Name:	Middle Name:	Last Name:
Street Address:		
City:	State:	Zip Code
SSN:	Date of Birth:	Email:
Michigan Permanent I.D./License Number and Expiration Date:		

PROFESSION TO WHICH APPLICATION PERTAINS			
<input type="radio"/> Athletic Trainer	<input type="radio"/> Medical Doctor	<input type="radio"/> Osteopathic Physician	<input type="radio"/> Psychology
<input type="radio"/> Audiologist	<input type="radio"/> Nurse	<input type="radio"/> Pharmacist	<input type="radio"/> RDA
<input type="radio"/> Chiropractor	<input type="radio"/> Nursing Home Administrator	<input type="radio"/> Physical Therapy	<input type="radio"/> RDH
<input type="radio"/> Dentist	<input type="radio"/> Optometrist	<input type="radio"/> Podiatry	<input type="radio"/> Social Worker

The Michigan Public Health Code authorizes a Board which requires evidence of attendance at education programs as a condition to license renewal to waive those requirements if the Board finds the failure of the licensee to attend was due to the licensee's disability, military service, absence from the continental United States, or a circumstance beyond the control of the licensee which the Board considers good and sufficient.

- DISABILITY - Licensee's attending physician must complete page two of this form
- MILITARY SERVICE - Attach evidence of induction or entering into military service and discharge, if appropriate.
- ABSENCE FROM THE CONTINENTAL UNITED STATES - Attach evidence of completion of programs or courses that substantially meet the requirements for approval by the Board.
- OTHER CIRCUMSTANCE - Attach a complete explanation of the circumstances with any documentation you wish the Board to consider in making its determination to approve or disapprove this application.

I certify that the statements made in this application, including all attachments, are true complete and correct, and I hereby apply for a waiver of \_\_\_\_\_ hours of the continuing education requirements for renewal of my license.

I am also  requesting  not requesting a waiver of the requirements for current certification in basic or advanced cardiac life support. If not signed and dated, your application will not be complete.

\_\_\_\_\_  
 Licensee's Signature

\_\_\_\_\_  
 Date

### ATTENDING PHYSICIAN'S CERTIFICATION

If licensee's disability is the basis for the waiver request, the licensee's attending physician must complete the following, including the certification below:

1. Describe the nature and extend of licensee's disability:

2. Dates of disability:

From: \_\_\_\_\_ to \_\_\_\_\_

3. Did the disability prevent the licensee from practicing his or her profession?

Yes

No

4. Explain how the disability prevented the licensee from completing the continuing education requirements:

5. Date the licensee returned to full practice: \_\_\_\_\_

#### CERTIFICATION

I certify that the licensee was prevented by the disability from attending continuing education programs between the dates of \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_  
Signature of Attending Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name of Attending Physician

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Attending Physician's Street Address

\_\_\_\_\_  
Michigan Permanent I.D./License Number

\_\_\_\_\_  
City, State, Zip Code