

**Bureau of Professional Licensing**

Enforcement Division

P.O. Box 30670

Lansing, MI 48909

(517) 241-0199

www.michigan.gov/healthlicense

**Board Use Only****APPLICATION FOR  
RECLASSIFICATION OF DISCIPLINARY LIMITED LICENSE**

Authority: Michigan Public Health Code, Public Act 368 of 1978, as amended

Please PRINT Clearly

First Name		Middle Name		Last Name	
Facility Name (if applicable)					
Street Address					
City		State	Zip Code	Telephone Number w/Area Code	
Michigan Professional License Number	U.S. Social Security Number		Date of Birth (MM/DD/YY)	E-mail Address	
<b>SIGNATURE</b>				<b>Date</b>	

Check the profession for which you are requesting reclassification. Submit the appropriate fee indicated by the profession. Make your check or money order payable to the STATE OF MICHIGAN. Do not send cash. Fees are earned upon receipt and can only be refunded under rules promulgated by the Department.

ACUPUNCTURIST - \$81.10 (54-01-50)

ATHLETIC TRAINER - \$81.10 (26-01-50)

AUDIOLOGIST - \$129.80 (16-01-50)

D.C. - \$27.00 (23-01-50)

M.F.T. - \$32.40 (41-01-50)

MASSAGE THERAPY - \$21.60 (75-01-50)

N.H.A. - \$16.20 (48-01-50)

O.T. - \$21.60 (52-01-50)

O.T.A. - \$21.60 (52-02-50)

PHARM-CS - \$10.80 (37-57-50)

P.T. - \$21.60 (55-01-50)

P.T.A. - \$21.60 (55-01-50)

PSYCHOLOGIST - \$59.45 (63-01-50)

L.L.P. - \$59.45 (63-01-50)

L.P.C. - \$59.45 (64-01-50)

L.L.P.C. - \$59.45 (64-01-50)

R.T. - \$21.60 (44-01-50)

SANITARIAN - \$27.00 (67-01-50)

SPEECH LANG - \$21.60 (71-01-50)

S.S.T. - \$16.20 (68-03-50)

L.B.S.W. - \$16.20 (68-02-50)

L.M.S.W. - \$16.20 (68-01-50)

**Please Note: Behavior Analyst, Dentistry, Medicine, Midwifery, Nursing, Optometry, Osteopathic Medicine, Pharmacy, Physicians Assistants, Podiatry and Veterinary Medicine applications must be submitted online at: [www.michigan.gov/miplus](http://www.michigan.gov/miplus)**

**Please read carefully:**

1. Submit this application, along with the required supporting documents, to the address shown above.
2. All supporting affidavits\* **must be notarized**.
3. All supporting documents **must be attached** to this application.
4. Submission by separate mailing of the supporting documents is not acceptable and will cause rejection of your application.
5. The proper fee, as listed above, **must accompany this application** or it will be rejected.
6. Instructions for the criminal background check\*\* will be provided to you upon the department's receipt of this form.

**\* A minimum of two (2) supporting affidavits are required that demonstrates:**

- A. you will practice safely and competently within the area of practice, and
- B. it is in the public interest that your license be reclassified.

\*\* Section 333.16245(8): An individual who seeks reclassification of a limited license pursuant to this section shall have a criminal history check conducted in accordance with section 16174.



**DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARING RULES**

**PART 7: LICENSING AND REGULATORY AFFAIRS HEALTH CODE BOARDS. DISCIPLINARY  
PROCEEDINGS – RELEVANT EXCERPT**

**R 792.10707 Burden of proof.**

Rule 707.

- (1) The complaining party has the burden of proving, by a preponderance of the evidence, which grounds exist for the imposition of a sanction on a licensee, registrant, or applicant.
- (2) A petitioner for reinstatement or reclassification of a license or registration has the burden of proving, by clear and convincing evidence, that the requirements and conditions for reinstatement or reclassification have been satisfied.
- (3) An applicant for a license or registration has the burden of proving, by a preponderance of the evidence, that the pertinent requirements for the license or registration have been satisfied.
- (4) The complaining party has the burden of proving, by a preponderance of the evidence, that grounds exist for the continuation of a cease and desist order.

**R 792.10712 Limited license; reclassification; standards and procedures.**

Rule 712.

- (1) The limitations on a license shall continue until the expiration of the period of limitation set forth in the order or until the license is reclassified pursuant to this rule, whichever is later. The period of limitation set forth in the order is a minimum period.
- (2) A petition for reclassification of a license that has been limited shall be made in accordance with this rule.
- (3) If a license is limited for 1 year or less, it is presumed that the petitioner meets the requirements of section 7316 or 16249 of the code, MCL 333.7316 or MCL 333.16249, unless 1 of the following provisions applies:
  - (a) The order imposing the limitations provides otherwise.
  - (b) Another complaint has been filed and is pending at the end of the period of limitation.
  - (c) A subsequent disciplinary order has been entered.
  - (d) A response in opposition to reclassification has been filed by a complaining party alleging that the petitioner has failed to fulfill a term of the order imposing the limitations.
- (4) If a license is limited for an unspecified period of time or for more than 1 year, or if the petitioner is not entitled to a presumption pursuant to subrule (3) of this rule, then the license shall not be reclassified until the disciplinary subcommittee finds that the petitioner meets the requirements of section 7316 or 16249 of the code, MCL 333.7316 or MCL 333.16249.
- (5) A petition, with supporting affidavits, shall not be filed for at least 1 year after the effective date of the order imposing the limitations, unless otherwise provided in the order.
- (6) Within 30 days after the petition is filed, a complaining party may file a response to the petition. If the response opposes the reclassification, a hearing shall be scheduled. If the petitioner fails to appear at the scheduled hearing, either in person or by counsel, the petitioner shall be deemed in default. If a response is not filed or if the response does not oppose reclassification, the disciplinary subcommittee shall review the petition with supporting affidavits and shall determine whether the requirements of section 7316 or 16249 of the code have been met. If it is found that the requirements have not been met, the petitioner shall be notified and, within 30 days after service of the notice, may request a hearing. The petition for reclassification shall be deemed denied if the petitioner does not file a timely request for a hearing.
- (7) After a hearing has been completed, the disciplinary subcommittee shall determine whether the petitioner has satisfied section 7316 or 16249 of the code. The disciplinary subcommittee may deny the petition or grant the petition subject to such terms and conditions as it may deem appropriate.
- (8) A subsequent petition for reclassification shall not be filed with the department for at least 1 year after the effective date of the order denying reclassification, unless otherwise ordered by the disciplinary subcommittee.

History: 2015 AACCS.



PROTECT PEOPLE &  
PROMOTE BUSINESS

Bureau of Professional Licensing  
PO Box 30670 • Lansing, MI 48909  
Telephone: (517) 241-0199  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp](#)

## DATA CHANGE DUPLICATE LICENSE REQUEST

Authority: 1978 PA 368

**PHARMACIES: DO NOT** use this form for a name and/or address change. If changing the name of the pharmacy, complete the *Application for Miscellaneous Pharmacy Change* form. If the location of the pharmacy has changed, complete the *Application for Pharmacy License* form. Both forms can be obtained online.

**MANUFACTURER/WHOLESALER: DO NOT** use this form for a name and/or address change. Complete an *Application for Manufacturer/Wholesaler License* form which can be obtained online.

With the exception of the license types listed above, address changes can also be processed online by visiting our website at [www.michigan.gov/elicense](http://www.michigan.gov/elicense). However, please use this form when requesting a name change.

**NO CHANGES WILL BE MADE IF THIS FORM IS NOT COMPLETE.**

Name as it Currently Appears on the License (First, Middle, Last)	
Profession	10-Digit MI Permanent ID/License Number (list additional numbers below)
Telephone Number	E-Mail Address
<p><b>LICENSE/REGISTRATION CHANGE:</b> Please specify which license(s)/registration(s) you want changed.</p> <p style="text-align: center;"> <input type="checkbox"/> Professional License/Registration                <input type="checkbox"/> Controlled Substance                <input type="checkbox"/> Specialty License  <input type="checkbox"/> Drug Control                <input type="checkbox"/> Drug Treatment Prescriber         </p> <p><b>If applicable, please list all additional 10-Digit MI Permanent ID/License Numbers requiring a change below:</b></p> <p>_____</p> <p>_____</p>	
<p><b>DUPLICATE LICENSE - \$10.00 for EACH license:</b> I request the Department to issue a duplicate license for the following reason:</p> <p style="text-align: center;"> <input type="checkbox"/> Data Change                <input type="checkbox"/> Lost                <input type="checkbox"/> Stolen                <input type="checkbox"/> Destroyed         </p> <p><b>If your license will expire in the next 60 days, you do not need to pay for a duplicate license. You will receive a new license after the renewal is processed.</b></p>	
Check the License(s)/Registration(s) type below for which a duplicate license is requested	<b>FOR OFFICE USE ONLY</b>
Professional License/Registration - \$10.00 Specialty License - \$10.00 Controlled Substance - \$10.00 Drug Control - \$10.00 Drug Treatment Prescriber - \$10.00	
Your check or money order, drawn from a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> , must accompany this request. <b>DO NOT SEND CASH.</b> Fees are non-refundable.	

LARA/BPL-DATACHG/DUPREQ (Rev. 03/20)

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 as it Currently Appears on the License (First, Middle, Last)		
<b>NAME CHANGE:</b> Your signature must be provided below. If you would like a new license reflecting your new name, please see the fee requirement on page one.		
New Name Requested (First, Middle, Last)		
Reason for Change		
<b>ADDRESS CHANGE FOR PROFESSIONAL LICENSE/REGISTRATION AND SPECIALTY LICENSE:</b> Your signature must be provided below. If you would like a new license reflecting your new address, please see the fee requirement on page one.		
Name of Office/Facility (if applicable)		
New Street Address		
City	State	Zip Code
<b>ADDRESS CHANGE FOR CONTROLLED SUBSTANCE, DRUG TREATMENT PRESCRIBER, AND DRUG CONTROL LICENSE:</b> Your signature must be provided below. If you would like a new license reflecting your new address, please see the fee requirement on page one.		
Name of Office/Facility		
New Street Address of Office/Facility		
City	State	Zip Code
<p><b>Signature and Date</b>  <i>(required for name or address change)</i></p> <p>I am requesting the Department to change my records due to a name and/or address change as indicated above.</p>		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date	