



**TEMPORARY WAIVER OF LICENSING REQUIREMENTS FOR
THOSE LICENSED IN A FOREIGN COUNTRY FOR COVID-19 EMERGENCY**
(Medical Doctor; Osteopathic Physician; Physician Assistant; Registered Professional Nurse;
Licensed Practical Nurse; Respiratory Therapist)

Executive Order 2020-61 provides that the Department of Licensing and Regulatory Affairs may suspend certain aspects of the Michigan Public Health Code to:

*Issue an appropriate license that lasts for the duration of the declared states of emergency and disaster to any **physician, physician assistant, registered professional nurse, licensed practical nurse, or respiratory therapist** who (a) is licensed in good standing in another country, (b) has at least five years' practice experience, and (c) has practiced for at least one year in the last five years.*

In order to qualify for a license under this provision you must provide the following information to the Department:

- Go to www.michigan.gov/bpl and follow the instructions to submit an application for the appropriate profession listed above. NOTE: Please do not apply for a Controlled Substance License as those applying for licensure under this Executive Order are not eligible.
- When applying you would select licensure by endorsement as your application method.
- A copy of this completed waiver form must be submitted/uploaded with your application for licensure. (either uploaded as part of the application or emailed to BPLData@michigan.gov).
- Submit/upload a copy of your current license issued in another country with your application for licensure. If not originally issued in English, please also submit a copy of the English translated version by a translator before submitting to BPL. A list of translator resources can be found at: https://www.michigan.gov/documents/Translators_Resource_List_95124_7.pdf. Please contact the [Office of Global Michigan](#) with any additional questions regarding translation.
- Submit/upload an English language copy of your Curriculum Vitae (CV).
- Pay the applicable license fee.
- Once the application has been received by the Bureau of Professional Licensing (BPL) you will receive instructions for your fingerprint and background check which must be completed before your license is issued.

Foreign License Waiver (4/28/2020)

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.

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Print or Type Clearly Legal Name

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 <i>(If Applicable)</i>	
Address			
City	State	Zip Code	Country
Telephone Number	Email Address		

License(s) in Other Country(s)

List each country where you have ever held a license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed and/or if disciplinary proceedings are currently pending against that license or registration.

Country	Permanent License/Registration Number	Issuance Date	Expiration Date	Is the license still in good standing? (Circle One)
				Yes No
				Yes No
				Yes No
				Yes No

I have been licensed and practiced in my profession for at least 5 years: Yes No

I have practiced for at least one year in the last 5 years: Yes No

I understand that my license will be **null and void** when the declared states of emergency and disaster is ended regardless of the expiration date that is printed on the license I receive: Yes No

I certify that the statements on this form are true and complete. I meet all the requirements for licensure under Section 7 of Executive Order 2020-61. 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 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 Signature of Applicant