



Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services

**Board of Nursing**

PO Box 30193

Lansing, MI 48909

(517) 335-0918

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

# NURSE SPECIALTY APPLICATION PACKET

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## NURSE SPECIALTY CERTIFICATION INSTRUCTIONS

\* Please read application instructions carefully and answer all questions completely. Failure to do so may cause a delay in your application process.\*

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Board of Nursing.
2. The Michigan Board may issue a nurse specialty certification to a **currently** licensed Michigan R.N. if the applicant meets the state certification requirements.
3. Applicants for registered nurse licensure in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.

### NURSE ANESTHETIST SPECIALTY CERTIFICATION

1. Complete Section I of the Nurse Anesthetist Specialty Certification form.
2. Forward the Nurse Anesthetist Specialty Certification form to the American Association of Nurse Anesthetists Council on Certification or Council on Recertification of Nurse Anesthetists for completion of Section II verifying your current certification. The completed form must be received by the Michigan Board of Nursing office directly from your certifying agency.
3. Verification of your nurse anesthetist certification can also be sent from the American Association of Nurse Anesthetists Council on Certification or Council of Recertification of Nurse Anesthetists electronically to the Michigan Board of Nursing via e-mail to [BHCSDData@michigan.gov](mailto:BHCSDData@michigan.gov). **The e-mail must come directly from your certifying agency.**

### NURSE MIDWIFE SPECIALTY CERTIFICATION

1. Complete Section I of the Nurse Midwife Specialty Certification form.
2. Forward the Nurse Midwife Specialty Certification form to the American Midwifery Certification Board (formerly ACNM Certification Council) for completion of Section II verifying your current certification. The completed form must be received by the Michigan Board of Nursing office directly from your certifying agency.
3. Verification of your nurse midwife certification can also be sent from the American Midwifery Certification Board electronically to the Michigan Board of Nursing via e-mail to [BHCSDData@michigan.gov](mailto:BHCSDData@michigan.gov). **The e-mail must come directly from your certifying agency.**

# NURSE SPECIALTY LICENSURE INSTRUCTIONS CONTINUED

NURSE PRACTITIONER SPECIALTY CERTIFICATION - You must have a Bachelor of Science degree or higher degree, in nursing.

1. Complete Section I of the Nurse Practitioner Specialty Certification form.
2. Forward the Nurse Practitioner Specialty Certification form to the appropriate agency for completion of Section II verifying your current certification. The completed form must be received by the Michigan Board of Nursing office directly from your certifying agency.
2. Verification of your nurse practitioner certification can also be sent from one of the credentialing agencies electronically to the Michigan Board of Nursing via e-mail to [BHCSData@michigan.gov](mailto:BHCSData@michigan.gov). **The e-mail must come directly from your certifying agency.**

## CREDENTIALING ORGANIZATIONS:

### AMERICAN NURSES CREDENTIALING CENTER

#### Nurse Practitioners

Adult  
Family  
Acute Care  
Family Psychiatric & Mental Health  
Gerontological  
Pediatric  
Adult Psychiatric & Mental Health  
Diabetes Management, Advanced

#### Clinical Nurse Specialists

Adult Health  
Diabetes Management, Advanced  
Adult Psychiatric and Mental Health Nursing  
Child & Adolescent Psychiatric and Mental Health Nursing  
Public/Community Health Nursing  
Gerontological Nursing  
Pediatric Nursing

NATIONAL CERTIFICATION CORPORATION - Please provide this information in the space provided on the application or you can email your NCC ID # to [BHCSHelp@michigan.gov](mailto:BHCSHelp@michigan.gov).

Neonatal Nurse Practitioner  
Women's Health Care Nurse Practitioner

ONCOLOGY NURSING CERTIFICATION CORPORATION  
PEDIATRIC NURSING CERTIFICATION BOARD  
AMERICAN ACADEMY OF NURSE PRACTITIONERS

### Please Note:

- An application submitted with the appropriate fee is valid for two years from the date it is received. If an applicant fails to complete the requirements for licensure within the two year period following the date of application, the application will become invalid.

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 Board of Nursing  
 PO Box 30193  
 Lansing, MI 48909  
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FOR BOARD USE ONLY

<b>APPLICATION FOR NURSE SPECIALTY CERTIFICATION</b>		License #:
Note: A separate application and fee must be filed for each certification desired		Issue Date:
I am applying for the following:		
<input type="checkbox"/> <b>Nurse Anesthetist</b>		
<input type="checkbox"/> <b>Nurse Midwife</b>		
<input type="checkbox"/> <b>Nurse Practitioner</b>		
If your R.N. License Expires in:		
13-24 Months the Fee is \$52.00 71-4704-021156		
5-12 Months the Fee is \$38.00 71-4704-011156		
0-4 Months the Fee is \$52.00 71-4704-211056		
* If your current R.N. license expires within 120 days, you must pay the larger fee and your certification will be issued with your renewed, 2 year license.		
Your check or money order drawn on a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.		
<b>1. Demographic Information</b>		
First Name:	Middle Name:	Last Name:
U.S. Social Security #:	Birth Date:	
Street Address:	Apt/Bldg #:	
City:	State:	Zip Code:
Country:		
Phone Number:	E-mail Address:	
Permanent Registered Nurse Permanent ID/License Number:		
Expiration Date:		

Full Name:

**2. Personal Data Questions**

1. Have you ever been convicted of a felony?  Yes  
 No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?  Yes  
 No

If yes, please explain

3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?  Yes  
 No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?  Yes  
 No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?  Yes  
 No

If yes, please explain

6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?  Yes  
 No

If yes, please explain

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?  Yes  
 No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years?  Yes  
 No

If yes, please explain

**Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.**

Full Name:

Have you ever been known under any other name?  
If yes, list name(s):

Yes

No

Will documents be received under any other name?  
If yes, list name(s):

Yes

No

### 3. Specialty Education Information

Name of Specialty Education Program Attended:

Location (City and State):

Completion Date of Specialty Program:

### 4. Nurse Practitioner Applicants Only:

Are you certified by National Certification Corporation (NCC)?

Yes

No

NCC ID #

### 5. CERTIFICATION

I certify that the above statements about my qualifications for a Michigan nurse specialty certification are true.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NURSE ANESTHETIST SPECIALTY CERTIFICATION**

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

**SECTION I - APPLICANT INFORMATION**

Instructions: Complete Part I. Type or print your name exactly as it appears on your Registered Nurse license. For completion of Section II, send this form to the designated certifying agency. **This certification must be submitted directly to the Michigan Board of Nursing by the designated certifying agency.**

First Name:	Middle Name:	Last Name:
U.S. Social Security #:	Date of Birth:	Phone Number:
Street Address:		
City:	State:	Zip Code:
All Previous Names and/or Birth Name Used (if applicable):		
Michigan R.N. Permanent I.D. Number:	Expiration Date:	

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II - CERTIFICATION OF LICENSURE**

**CERTIFYING AGENCY INSTRUCTIONS:** Please complete the following information. Return this complete certification directly to the Michigan Board of Nursing at the address above.

This is to certify that the person identified above has met the requirements for certification or recertification by the:	
American Association of Nurse Anesthetists Council on Certification or Council on Recertification of Nurse Anesthetists	
Date of Initial Certification:	_____
Date of Recertification:	_____
Recertification Number:	_____
Expiration Date:	_____
Authorized Signature of Certifying Agency	Date _____
	(SEAL)
Print or Type Name	

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.

### NURSE MIDWIFE SPECIALTY CERTIFICATION

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

#### SECTION I - APPLICANT INFORMATION

Instructions: Complete Part I. Type or print your name exactly as it appears on your Registered Nurse license. For completion of Section II, send this form to the designated certifying agency. **This certification must be submitted directly to the Michigan Board of Nursing by the designated certifying agency.**

First Name:	Middle Name:	Last Name:
U.S. Social Security #:	Date of Birth:	Phone Number:
Street Address:		
City:	State:	Zip Code:
All Previous Names and/or Birth Name Used (if applicable):		
Michigan R.N. Permanent ID Number:		Expiration Date:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION II - CERTIFICATION OF LICENSURE

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this complete certification directly to the Michigan Board of Nursing at the address above.

This is to certify that:

the person identified above has met the requirements for certification or recertification by the American Midwifery Certification Board (AMCB):

**OR**

the person identified above has met the Continuing Competency Assessment requirements of the AMCB.

**American Midwifery Certification Board**

Date completed Continuing Competency Assessment Requirements: \_\_\_\_\_

Date of Certification: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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Authorized Signature of Certifying Agency \_\_\_\_\_ Date \_\_\_\_\_ (SEAL)

Print or Type Name \_\_\_\_\_

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.

## NURSE PRACTITIONER SPECIALTY CERTIFICATION

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

### SECTION I - APPLICANT INFORMATION

Instructions: Complete Part I. Type or print your name exactly as it appears on your Registered Nurse license. For completion of Section II, send this form to the designated certifying agency. **This certification must be submitted directly to the Michigan Board of Nursing by the designated certifying agency.**

First Name:	Middle Name:	Last Name:
U.S. Social Security #:	Date of Birth:	Phone Number:
Street Address:		
City:	State:	Zip Code:
All Previous Names and/or Birth Name Used (if applicable)		

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### INDICATE AGENCY OF NATIONAL CERTIFICATION

**AMERICAN NURSES CREDENTIALING CENTER**

Nurse Practitioners

- Adult
- Family
- Acute Care
- Family Psychiatric and Mental Health
- Adult Psychiatric and Mental Health
- Gerontological
- Diabetes Management, Advanced
- Pediatric Nurse Practitioner

Clinical Nurse Specialists

- Adult Health
- Diabetes Management, Advanced
- Adult Psychiatric & Mental Health Nursing
- Child & Adolescent Psychiatric & Mental Health Nursing
- Public/Community Health Nursing
- Gerontological Nursing
- Pediatric Nursing

**ONCOLOGY NURSING CERTIFICATION CORPORATION**

**NATIONAL CERTIFICATION CORPORATION**

- Neonatal Nurse Practitioner
- Women's Health Care Nurse Practitioner

**PEDIATRIC NURSING CERTIFICATION BOARD**

**AMERICAN ACADEMY OF NURSE PRACTITIONERS**

Full Name:

SECTION II - CERTIFICATION OF LICENSURE

**CERTIFYING AGENCY INSTRUCTIONS:** Please complete the following information. Return this complete certification directly to the Michigan Board of Nursing at the address above.

This is to certify that the person identified above has met the requirements for certification or recertification by the:

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Name of Certifying Agency

as a 

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<hr/>	<hr/>	<hr/>
Date of Certification	Certification Number	Expiration Date

<hr/>	<hr/>
Authorized Signature of Certifying Agency	Date
	(SEAL)

---

Print or Type Name

Please print out the Application (page 5-7) and the appropriate specialty certification form (pages 8-11). Sign and date your application, and submit the application along with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Board of Nursing  
PO Box 30193  
Lansing, MI 48909

## APPLICATION CHECKLIST

All information should be typed or printed clearly. It is your responsibility to submit the required forms to our office.

**Application Fee:** Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

**1. Demographic Information:**

**Social Security Number:** Please list only a United States Social Security number.

**Name:** List your full name: first, middle and last name. If your name changes after you apply, you must submit a name change to the Bureau of Health Care Services in writing along with legal documentation within 30 days.

**Birth Date:** Provide the month, day and year of your birth.

**Address:** List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Health Care Services. If your address changes, you must notify us in writing within 30 days.

**Phone:** Enter a telephone number where you can be reached in case we have questions about your application.

**E-mail:** Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

**Other Name(s):** Indicate whether you have been known by any other names.

**2. Specialty Education Information:** Please list the specialty program you attended, the location and the date you completed the program.

**3. Nurse Practitioners Only:** If you are certified by the National Certification Corporation (NCC), please indicate that with your application and include your NCC ID#. This information can also be e-mailed to [BHCSHelp@michigan.gov](mailto:BHCSHelp@michigan.gov).

**4. Certification:** You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

## TOP THINGS APPLICANTS SHOULD KNOW

1. NOTE: If you have ever been licensed in another state and you have a current disciplinary sanction on that license (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
2. Read the entire application before submitting it and DO NOT send the checklist to the Board of Nursing office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or e-mail our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. REFUND POLICY: If you wish to withdraw your application, you must notify the Board of Nursing in writing to request a partial refund.
8. If your name and/or address changes please notify the Michigan Board of Nursing in writing within 30 days. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-7179 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Nursing, Applications Section, PO Box 30193, Lansing, MI 48909. Telephone calls are NOT accepted for these changes. After your license is issued, you can change your address online at [www.michigan.gov/elicense](http://www.michigan.gov/elicense).

## GLOSSARY/DEFINITION OF TERMS

CONTACT HOUR/CREDIT	A continuing education credit or contact hour is equivalent to 50-60 minutes of program participation in a board approved program.
CONTINUING EDUCATION UNIT (CEU)	A CEU is a continuing education unit, which consists of ten continuing education credits/hours.
ENDORSEMENT	Application made by an individual who holds an active license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass an examination in order to become licensed in Michigan.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license has been reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed or lapsed suspended license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

# FREQUENTLY ASKED QUESTIONS

## **Q. How long will it take to process my application?**

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

## **Q. What do I do if I forgot to include my payment with my application?**

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Nursing, PO Box 30193, Lansing, MI 48909.

## **Q. How do I check on the status of my application?**

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at [www.michigan.gov/appstatus](http://www.michigan.gov/appstatus).

## **Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?**

We ask that you submit your application, fee and information regarding the occurrence. The Michigan Board of Nursing will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

## **Q. How long is my license valid?**

The initial license is good for a partial licensure cycle and will expire on the upcoming March 31st renewal date. Each subsequent license will cover a full two-year cycle.

## **Q. Do I have to earn continuing education for this first license?**

Since the initial license is valid for a partial licensure cycle you will not be required to earn continuing education. However, after the first renewal,

- A nurse anesthetist must have obtained recertification from the Council on Recertification of Nurse Anesthetists.
- A nurse midwife must have completed the American Midwifery Certification Board (AMCB) continuing competency assessment requirements if initially certified prior to 1996 or if initially certified after 1996, AMCB continuing competency assessment or 20 continuing education units in the nursing specialty field.
- A nurse practitioner must have obtained national recertification or maintained national certification or if Michigan Board certification as a nurse practitioner was obtained before 1991, completed 40 continuing education units in the nursing specialty field.

## **Q. How do I renew my license?**

You will be mailed a renewal notice approximately six to eight weeks prior to the expiration date of your license. The notice will include instructions on how to renew your license online. Renewal of the nurse specialty certification is separate from the renewal of the RN license.

## WEBSITES AND LINKS

### **WEBSITES:**

Michigan Department of Licensing and Regulatory Affairs	<a href="http://www.michigan.gov/lara">www.michigan.gov/lara</a>
Bureau of Health Care Services	<a href="http://www.michigan.gov/bhcs">www.michigan.gov/bhcs</a>
Health Professions Licensing Division	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Michigan Board of Nursing Rules	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Michigan Public Health Code	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Application Status	<a href="http://www.michigan.gov/appstatus">www.michigan.gov/appstatus</a>
Verify a Health Professional License	<a href="http://www.michigan.gov/verifylicense">www.michigan.gov/verifylicense</a>
Renewal Website	<a href="http://www.michigan.gov/elicense">www.michigan.gov/elicense</a>

### **LINKS:**

American Nurses Credentialing Centers (ANCC)	<a href="http://www.nursecredentialing.org">www.nursecredentialing.org</a>
National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA)	<a href="http://www.nbcrna.com">www.nbcrna.com</a>
American Midwifery Certification Board	<a href="http://www.amcbmidwife.org">www.amcbmidwife.org</a>
American Academy of Nurse Practitioners	<a href="http://www.aanpcert.org">www.aanpcert.org</a>
Pediatric Nursing Certification Board	<a href="http://www.pncb.org">www.pncb.org</a>
National Certification Corporation	<a href="http://www.nccwebsite.org">www.nccwebsite.org</a>
Oncology Nursing Certification Corporation	<a href="http://www.oncc.org">www.oncc.org</a>