



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLHelp@michigan.gov

APPLICATION FOR A PHYSICIAN'S ASSISTANT LICENSE

Authority: 1978 PA 368

Print or Type Clearly

Applicant's Name (First, Middle, Last)	10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>		
U.S. Social Security # <i>(New Applicants Only)</i>	Date of Birth <i>(New Applicants Only)</i>		
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													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Physician's Assistant – By Endorsement</td> <td style="width: 15%; text-align: right;">\$ 90.90</td> <td style="width: 50%;">5601-09</td> </tr> <tr> <td>Physician's Assistant – By Exam</td> <td style="text-align: right;">\$ 90.90</td> <td>5601-01</td> </tr> <tr> <td>Physician's Assistant – Relicensure</td> <td style="text-align: right;">\$110.90</td> <td>5601-06</td> </tr> <tr> <td>Physician's Assistant – Exam & Temporary</td> <td style="text-align: right;">\$126.25</td> <td>5601-0401</td> </tr> </table>	Physician's Assistant – By Endorsement	\$ 90.90	5601-09	Physician's Assistant – By Exam	\$ 90.90	5601-01	Physician's Assistant – Relicensure	\$110.90	5601-06	Physician's Assistant – Exam & Temporary	\$126.25	5601-0401	License Number	Issue Date
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<p>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.</p>														

LARA/BPL-PAAPP (10/16)

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 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. Documentation may include a certificate of employability, if applicable.

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

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**).

Physician's Assistant License by Endorsement

Applicants for licensure by endorsement who have been licensed in another state and have practiced at the time of application 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.
- 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 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:

- 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 MORE than 3 years at the time of application and you hold an active license in another state, you must submit the following:

- 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.
- 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 that you have passed either the certifying (PANACE) or recertifying (PANRE) examination within the 6-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.

If your license has been expired for MORE than 3 years at the time of application and you DO NOT hold an active license in another state, you must submit the following:

- 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.
- Certification that you have passed either the certifying (PANACE) or recertifying (PANRE) examination within the 6-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.

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 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

Date