



Bureau of Professional Licensing  
 PO Box 30193 • Lansing, MI 48909  
 Telephone: (517) 335-0918  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

## APPLICATION FOR A LICENSED PRACTICAL NURSE, REGISTERED NURSE, OR NURSE SPECIALTY CERTIFICATION

Authority: 1978 PA 368

**Print or Type Clearly**

Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>		
U.S. Social Security # <b><i>(New Applicants Only)</i></b>		Date of Birth		
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	
L.P.N. – By Endorsement <b>\$54.54</b> 4703-956 L.P.N. – By Exam <i>(check one below)</i> <b>\$54.54</b> 4703-156 Michigan Graduate Out-of-State Graduate Canadian Graduate Foreign Graduate L.P.N. – Relicensure <b>\$74.54</b> 4703-656 R.N. – By Endorsement <b>\$54.54</b> 4704-956 R.N. – By Exam <b>\$54.54</b> 4704-156 Michigan Graduate Out-of-State Graduate Canadian Graduate Foreign Graduate R.N. – By Exam <b>\$54.54</b> 4704-156 with Temporary License <b>\$10.00</b> 4704-04 <i>(Canadian Licensees Only)</i> R.N. – Relicensure <b>\$74.54</b> 4704-656	License Number	Issue Date
Nurse Specialty Certification <i>(check all that apply)</i> Nurse Anesthetist Nurse Midwife Nurse Practitioner Fee for Specialty. If your R.N. license expires in: 13-24 Months <b>\$52.52</b> 4704-21156 5 -12 Months <b>\$38.38</b> 4704-11156 0 – 4 Months <b>\$52.52</b> 4704-21156 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.		

**Professional Education**

*(To be completed by exam, foreign endorsement and nurse specialty applicants only;  
Attach additional sheets if necessary)*

Name of School	Name of Education Program	Graduation Date

**License(s) in Other State(s) and/or Country**

List each state or country where you have ever held a nursing profession 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. (Attach additional sheets if necessary)

If you indicate there have been sanctions imposed and/or pending disciplinary proceedings against a license or registration, you must submit documentation that the sanctions are not in force or there are not pending disciplinary proceedings 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 OR are there pending disciplinary proceedings? (If Yes, be specific.)

**\*THIS SECTION FOR RELICENSURE APPLICANTS ONLY\***

If your license expired **WITHIN THE LAST THREE YEARS**, have you obtained the required 25 hours of continuing education credits within the last two years immediately preceding this application for relicensure? Yes      No

If your license expired **MORE THAN THREE YEARS AGO**, check the appropriate box below and follow the instructions given:

I hold a current license/registration in the following state: \_\_\_\_\_ and obtained 25 hours of continuing education credits earned within the two years immediately preceding this application for relicensure.

I do not hold a current nursing license/registration in another U.S. Jurisdiction and must take and pass the NCLEX.

**\*Relicensure** – you may only apply for relicensure if you are reactivating a lapsed license. If your license is still active, you must renew at [www.michigan.gov/elicense](http://www.michigan.gov/elicense).

### Good Moral Character Questions

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

If you answer "yes" to either question, 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.

### 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 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. Further, if I am applying for relicensure and sign below, I certify that I have completed the required number of continuing education credits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### AFFIDAVIT FOR CANADIAN LICENSEES SEEKING MICHIGAN TEMPORARY LICENSURE

A registered nurse temporary license is available for individual who are currently licensed as a registered nurse in Canada. This license is valid for one year from the date of issue or until failure of the NCLEX-RN. If you have already failed this examination, you do not qualify for the Michigan temporary license.

Sign this affidavit if you are a Canadian registered nurse and are seeking temporary licensure in Michigan.

I certify that I have not failed the NCLEX-RN examination prior to applying for a registered nurse temporary license in Michigan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **ADDITIONAL DOCUMENTS AND/OR INFORMATION**

### **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**).
- Transcripts may be submitted via e-mail at [bpldata@michigan.gov](mailto:bpldata@michigan.gov) by the required authorities.
- Administrative Rules including Continuing Education Requirements can be found at [www.michigan.gov/bpl](http://www.michigan.gov/bpl). Click the “Resources” box, then “Administrative Rules”.

### **L.P.N. BY ENDORSEMENT**

- Must have taken the NCLEX or SBTPE for licensure in another state.

#### ***Applicants educated outside the U.S. and Canada must also:***

- Have a Professional Report completed by the Commission on Graduates of Foreign Nursing Schools (CGFNS) sent directly to this office. The CGFNS must also submit a Language Report on English Proficiency if the education was not taught in English (**applicants educated outside the U.S. who have not taken the NCLEX-PN**).

**OR**

- Submit a full course-by-course credential evaluation of your nursing education certified by a credentialing agency accredited by the National Association of Credential Evaluation Services (NACES). A list of approved credentialing agencies may be found on their website at [www.naces.org](http://www.naces.org) under “Current Members.”

### **L.P.N. BY EXAM**

- You will be required to take the NCLEX-PN exam. Once you are determined to be eligible by the department for the exam you will be sent an approval letter containing the instructions to register for the exam.
- The approved nursing school must submit directly to our office:

Michigan Nursing School Certification form or roster (**Michigan nursing graduates only**)

**OR**

Final official transcripts showing the degree earned and the graduation date (**out-of-state and Canadian applicants only**)

#### ***Applicants educated outside the U.S. and Canada must also:***

- Have a Professional Report completed by the CGFNS sent directly to this office. The CGFNS must also submit a Language Report on English Proficiency if the education was not taught in English (**applicants educated outside the U.S. who have not taken the NCLEX-PN**).

**OR**

- Submit a full course-by-course credential evaluation of your nursing education certified by a credentialing agency accredited by NACES. A list of approved credentialing agencies may be found on their website at [www.naces.org](http://www.naces.org) under “Current Members.”

**AND**

- If the nursing education was not taught in English, the internet based Test of English as a Foreign Language (TOEFL iBT) administered by the Educational Testing Service (ETS), must be passed with an overall score of 80 or more. Information regarding the exam is available at [www.toefl.org](http://www.toefl.org).

**R.N. BY ENDORSEMENT**

- Must have taken the NCLEX or SBTPE for licensure in another state.

***Applicants educated outside the U.S. who have not taken the NCLEX-RN must also:***

- Have your **CGFNS Certification Program** sent directly to this office. Information regarding the Certification Program can be found at <http://www.cgfns.org/services/certification-program/>.

**R.N. BY EXAM**

- You will be required to take the NCLEX-RN exam. Once you are determined to be eligible by the department for the exam you will be sent an approval letter containing the instructions to register for the exam.
- The approved nursing school must submit directly to our office:

Michigan Nursing School Certification form or roster (***Michigan nursing graduates only***)

**OR**

Final official transcripts showing the degree earned and the graduation date (***out-of-state and Canadian applicants only***)

***Applicants educated outside the U.S. and Canada who have not taken the NCLEX-RN must also:***

- Have your **CGFNS Certification Program** sent directly to this office. Information regarding the Certification Program can be found at <http://www.cgfns.org/services/certification-program/>.

**R.N. BY EXAMINATION WITH TEMPORARY LICENSE (CANADIAN LICENSEES ONLY)**

- A temporary license is valid for a maximum of one year and is non-renewable. Upon receipt of all required documentation for R.N. by Exam, as listed above, a full, registered nurse license by examination will be issued. If you fail the NCLEX-RN, the temporary license is no longer valid. If you have already failed the examination, you do not qualify for the temporary license.

**SPECIALTY CERTIFICATION**

- Have the applicable certifying agency submit, directly to this office via email at [BPLData@michigan.gov](mailto:BPLData@michigan.gov), verification of your Nurse Anesthetist, Nurse Midwife, or Nurse Practitioner specialty certification.