

## Application for Reinstatement of Suspended/Revoked License or Registration

Authority: PA 368 of 1978

Type or 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)	TCN Identifier Number																																							
<b>SIGNATURE</b>				<b>Date</b>																																								
<p>Check the profession for which you are requesting reinstatement. Please submit the appropriate fee indicated by the profession. Please 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.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> ACUPUNCTURIST - \$75.75 (54-01-50)</td> <td><input type="checkbox"/> D.O. - \$55.55 (51-01-50)</td> <td><input type="checkbox"/> L.L.P. - \$55.55 (63-01-50)</td> </tr> <tr> <td><input type="checkbox"/> ATHLETIC TRAINER - \$75.75 (26-01-50)</td> <td><input type="checkbox"/> O.T. - \$20.20 (52-01-50)</td> <td><input type="checkbox"/> L.P.C. - \$55.55 (64-01-50)</td> </tr> <tr> <td><input type="checkbox"/> AUDIOLOGIST - \$121.20 (16-01-50)</td> <td><input type="checkbox"/> O.T.A. - \$20.20 (52-02-50)</td> <td><input type="checkbox"/> L.L.P.C. - \$55.55 (64-01-50)</td> </tr> <tr> <td><input type="checkbox"/> D.C. - \$25.25 (23-01-50)</td> <td><input type="checkbox"/> PHARM - \$40.40 (53-01-50)</td> <td><input type="checkbox"/> R.T. - \$20.20 (44-01-50)</td> </tr> <tr> <td><input type="checkbox"/> DENTIST - \$25.25 (29-01-50)</td> <td><input type="checkbox"/> PHARM-CS - \$25.25 (3757-50)</td> <td><input type="checkbox"/> SANITARIAN - \$25.25 (67-01-50)</td> </tr> <tr> <td><input type="checkbox"/> R.D.H. - \$20.20 (29-02-50)</td> <td><input type="checkbox"/> R.Ph. - \$25.25 (53-02-50)</td> <td><input type="checkbox"/> SPEECH LANG - \$20.20 (71-01-50)</td> </tr> <tr> <td><input type="checkbox"/> R.D.A. - \$15.15 (29-03-50)</td> <td><input type="checkbox"/> PHARM TECH - \$25.00 (53-03-50)</td> <td><input type="checkbox"/> S.S.T. - \$15.15 (68-03-50)</td> </tr> <tr> <td><input type="checkbox"/> M.F.T. - \$30.30 (41-01-50)</td> <td><input type="checkbox"/> MANF/WHSLR - \$55.55 (53-06-50)</td> <td><input type="checkbox"/> L.B.S.W. - \$15.15 (68-02-50)</td> </tr> <tr> <td><input type="checkbox"/> MASSAGE THERAPY - \$20.20 (75-01-50)</td> <td><input type="checkbox"/> P.T. - \$20.20 (55-01-50)</td> <td><input type="checkbox"/> L.M.S.W. - \$15.15 (68-01-50)</td> </tr> <tr> <td><input type="checkbox"/> M.D. - \$55.55 (43-01-50)</td> <td><input type="checkbox"/> P.T.A. - \$20.20 (55-01-50)</td> <td><input type="checkbox"/> D.V.M. - \$25.00 (69-01-50)</td> </tr> <tr> <td><input type="checkbox"/> *NURSING</td> <td><input type="checkbox"/> P.A. - \$35.35 (56-01-50)</td> <td><input type="checkbox"/> VET TECH - \$15.00 (69-02-50)</td> </tr> <tr> <td><input type="checkbox"/> N.H.A. - \$15.15 (48-01-50)</td> <td><input type="checkbox"/> D.P.M. - \$25.25 (59-01-50)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> O.D. - \$25.25 (49-01-50)</td> <td><input type="checkbox"/> PSYCHOLOGIST - \$55.55 (63-01-50)</td> <td></td> </tr> </table> <p>*NURSING applications must be submitted online at: <a href="http://www.michigan.gov/miplus">www.michigan.gov/miplus</a></p>						<input type="checkbox"/> ACUPUNCTURIST - \$75.75 (54-01-50)	<input type="checkbox"/> D.O. - \$55.55 (51-01-50)	<input type="checkbox"/> L.L.P. - \$55.55 (63-01-50)	<input type="checkbox"/> ATHLETIC TRAINER - \$75.75 (26-01-50)	<input type="checkbox"/> O.T. - \$20.20 (52-01-50)	<input type="checkbox"/> L.P.C. - \$55.55 (64-01-50)	<input type="checkbox"/> AUDIOLOGIST - \$121.20 (16-01-50)	<input type="checkbox"/> O.T.A. - \$20.20 (52-02-50)	<input type="checkbox"/> L.L.P.C. - \$55.55 (64-01-50)	<input type="checkbox"/> D.C. - \$25.25 (23-01-50)	<input type="checkbox"/> PHARM - \$40.40 (53-01-50)	<input type="checkbox"/> R.T. - \$20.20 (44-01-50)	<input type="checkbox"/> DENTIST - \$25.25 (29-01-50)	<input type="checkbox"/> PHARM-CS - \$25.25 (3757-50)	<input type="checkbox"/> SANITARIAN - \$25.25 (67-01-50)	<input type="checkbox"/> R.D.H. - \$20.20 (29-02-50)	<input type="checkbox"/> R.Ph. - \$25.25 (53-02-50)	<input type="checkbox"/> SPEECH LANG - \$20.20 (71-01-50)	<input type="checkbox"/> R.D.A. - \$15.15 (29-03-50)	<input type="checkbox"/> PHARM TECH - \$25.00 (53-03-50)	<input type="checkbox"/> S.S.T. - \$15.15 (68-03-50)	<input type="checkbox"/> M.F.T. - \$30.30 (41-01-50)	<input type="checkbox"/> MANF/WHSLR - \$55.55 (53-06-50)	<input type="checkbox"/> L.B.S.W. - \$15.15 (68-02-50)	<input type="checkbox"/> MASSAGE THERAPY - \$20.20 (75-01-50)	<input type="checkbox"/> P.T. - \$20.20 (55-01-50)	<input type="checkbox"/> L.M.S.W. - \$15.15 (68-01-50)	<input type="checkbox"/> M.D. - \$55.55 (43-01-50)	<input type="checkbox"/> P.T.A. - \$20.20 (55-01-50)	<input type="checkbox"/> D.V.M. - \$25.00 (69-01-50)	<input type="checkbox"/> *NURSING	<input type="checkbox"/> P.A. - \$35.35 (56-01-50)	<input type="checkbox"/> VET TECH - \$15.00 (69-02-50)	<input type="checkbox"/> N.H.A. - \$15.15 (48-01-50)	<input type="checkbox"/> D.P.M. - \$25.25 (59-01-50)		<input type="checkbox"/> O.D. - \$25.25 (49-01-50)	<input type="checkbox"/> PSYCHOLOGIST - \$55.55 (63-01-50)	
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<p><b>Please Read Carefully:</b></p> <ol style="list-style-type: none"> <li>Submit this application, along with the required supporting documents, to the address shown above.</li> <li>All supporting affidavits <b>must be originals and must be notarized.</b></li> <li>All supporting documents <b>must be attached</b> to this application.</li> <li>Submission of copies and/or separate mailing of the supporting documents is not acceptable and will cause rejection of your application.</li> <li>The proper fee, as listed above, must accompany this application or it will be rejected.</li> <li>A criminal background check is required pursuant to Section 333.16245(8). Instructions will be provided upon the department's receipt of this application.</li> </ol> <p><b>Supporting documents shall establish clear and convincing evidence of compliance with all applicable criteria set forth in the <u>Guidelines on Reinstatement</u> and, in addition, shall include a minimum of two (2) affidavits which attest to any or all of the following:</b></p> <ol style="list-style-type: none"> <li>that you are of good moral character,</li> <li>that you are able to resume the practice of your profession with reasonable skill and safety, and</li> <li>that it is in the public interest that your license be reinstated</li> </ol>				<b>FOR OFFICE USE ONLY</b>																																								
				License Number	Issue Date																																							

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

**AFFIDAVITS INFORMATION SHEET**

**Please read carefully**

The statute governing the powers of a notary public reads in pertinent part:

“Notaries public shall have authority to take the proof and acknowledgments of deed; to administer oaths and take affidavits in any matter or cause pending, or to be commenced....”

The law of the State of Michigan requires that signatures to certain legal instruments (in this case affidavits) be acknowledged before a person authorized by law to take acknowledgments, such as a notary public. This is required so that such instruments can be recorded. An example of how an acknowledgment is taken would be as follows:

John Doe appears before a notary public with the unsigned instrument and, in the presence of the notary public, signs the instrument and then acknowledges to the notary public that the signature on the instrument is his, that he is the person indicated in the instrument and that he signed the instrument voluntarily and without duress. The notary public then certifies on the instrument itself that it was acknowledged in his/her presence. In the certification, the notary public is stating in his/her official capacity that the person so signing was the person he claimed to be. Obviously, when a notary public is not familiar with the person whose acknowledgment he/she is certifying, the notary public should request that some type of identification be shown.

**The signature and stamp of the notary is not sufficient for the affidavit to be acceptable to this Department. The notary must include the date of signature on the affidavit. The wording and format of the certification required to be placed on each affidavit is shown in the example below:**

Subscribed and sworn to before me this   1<sup>st</sup>   day of   May  , 20 17 .

  (Notary signature here)     Jane P. Doe  

Notary Public   (Notary name printed here) Jane P. Doe     (County Name)   County

My Commission expires:   (12/31/2020)  

Additional Facts:

1. A notary public cannot certify the acknowledgment to an instrument to which he/she, himself/herself, has an interest. A notary public may take the acknowledgement of a relative, including a spouse; however, in order to avoid questions of conflict of interest, an independent notary public should be used.
2. An affidavit is a written or printed declaration or statement of facts. It must be made voluntarily and confirmed by the oath or affirmation of the party making it, made before a notary public. The notary public must administer the oath or affirmation prior to the taking of the affidavit.

**Affidavits are written statements by individuals, made on oath, before a notary public or other person authorized to administer oaths. At minimum, an affidavit must contain the following: Signature of the party making the sworn statement and the date of the signature; signature of notary public and date notarized; the typed, printed or stamped name of notary; and the state, county and expiration date of the notary's commission.**

**Revised 07/27/17**

**PUBLIC HEALTH CODE (EXCERPT)**

**Act 368 of 1978**

Article 15

**OCCUPATIONS**

(Full excerpt at: <http://legislature.mi.gov/doc.aspx?mcl-368-1978-15>)

Links to applicable sections of the Public Health Code:

**333.16245 Reinstatement of limited, suspended, or revoked license or registration; application; payment; time; hearing; guidelines; fee; criminal history check; permanent revocation.**

Sec. 16245 Link: <http://legislature.mi.gov/doc.aspx?mcl-333-16245>

**333.16247 Reinstatement of license or issuance of limited license; requirements.**

Sec. 16247 Link: <http://legislature.mi.gov/doc.aspx?mcl-333-16247>

**333.16248 Reinstatement of registration; requirements.**

Sec. 16248 Link: <http://legislature.mi.gov/doc.aspx?mcl-333-16248>

**333.16245a Permanent Revocation.**

Sec. 16245a Link: <http://legislature.mi.gov/doc.aspx?mcl-333-16245a>

## GUIDELINES ON REINSTATEMENT

In accordance with Section 333.16245(6) of the Public Health Code, 1978 P.A. 368, as amended, the following guidelines were adopted on November 4, 1996.

1. The applicant has participated in one or more community service or professional volunteer activities or programs since the revocation or suspension of his or her license or registration.
2. The applicant has successfully completed one or more substance abuse treatment programs, which may include inpatient or outpatient care at a substance abuse facility, regular attendance at Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings, AA/NA sponsorship, regular or random witnessed alcohol/drug urine or blood screens, individual or group counseling or therapy, Caduceus or other professional support group attendance, an agreement with his or her employer for monitoring, or ongoing review by a primary care physician knowledgeable and experienced in the treatment of chemical dependency. This criterion applies only if the applicant's license or registration was suspended or revoked due to a substance abuse violation.
3. The applicant has participated in an inpatient or outpatient treatment for mental, psychological, emotional and/or physical disorders. This criterion applies only if the applicant's license or registration was revoked due to a mental, psychological, emotional and/or physical disorder.
4. The applicant has complied with all terms of his or her order of discipline, including payment of fines and costs as set forth in said order.
5. The applicant has successfully completed one or more continuing education programs during the period of suspension or revocation, or consumed current literature concerning the practice of his or her particular profession.
6. The applicant has participated in didactic or clinical training, including remedial education in areas previously found deficient, or successfully completed an overall refresher course if the applicant has been out of practice for a significant period of time.
7. The applicant has submitted an assessment or evaluation of the applicant's professional skills and knowledge by an individual or entity who is trained or otherwise qualified to make such an evaluation.
8. The applicant desires in good faith to be restored to the privilege of practicing his or her profession in Michigan.

If the board or task force, in reinstating a license or registration, deviates from the guidelines, the board or task force shall state the reason for the deviation on the record.

**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**

(Full text at: [http://w3.lara.state.mi.us/orr/Files/AdminCode/1612\\_2015-067LR\\_AdminCode.pdf](http://w3.lara.state.mi.us/orr/Files/AdminCode/1612_2015-067LR_AdminCode.pdf) )

**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.

History: 2015 AACS.

**R 792.10711 License; registration; duration of suspension; standards and procedures for reinstatement after revocation or suspension.**

Rule 711. (1) The suspension of a license or registration shall continue until the expiration of the period of suspension set forth in the order or until the license or registration is reinstated pursuant to this rule, whichever is later. The period of suspension set forth in the order is a minimum period.

(2) A petition for reinstatement of a license or registration that has been suspended or revoked shall be made in accordance with this rule.

(3) If a license or registration has been suspended for 6 months or less, it will be presumed that the petitioner meets the requirements of section 7316, 16247(I), or 16248 of the code, MCL 333.7316, MCL 333.16247, or MCL 333.16248, unless 1 of the following applies:

(a) The order imposing the suspension provides otherwise.

(b) Another complaint has been filed and is pending at the end of the minimum suspension period.

(c) A subsequent disciplinary order has been entered.

(d) A petition with supporting affidavit has been filed by a complaining party alleging that the petitioner has failed to fulfill a term of the suspension order.

(4) The presumption described in subrule (3) of this rule is made solely for the issue of reinstatement and shall not be used in any subsequent or collateral proceedings.

(5) If a license or registration has been suspended for more than 6 months, or if the petitioner is not entitled to a presumption pursuant to subrule (3) of this rule, the license or registration shall not be reinstated until the board or task force finds that the petitioner meets the requirements of section 7316, 16247, or 16248 of the code, as follows:

(a) The petitioner shall file a petition for reinstatement not sooner than 90 days before the end of the minimum suspension period. The petition shall be accompanied by supporting affidavits.

(b) Within 30 days after the petition has been filed, a complaining party may file a response to the petition. If the response opposes the reinstatement, 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 reinstatement, the board or task force shall review the petition with supporting affidavits and shall determine whether the requirements of section 7316, 16247, or 16248 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 reinstatement shall be deemed denied if the petitioner does not file a timely request for a hearing.

(6) A petition for reinstatement of a revoked license or registration shall be considered in accordance with the standards and procedures set forth in subrule (5) of this rule. The petition shall not be accepted sooner than 3 years after the effective date of the revocation, except that where the license or registration was revoked pursuant to section 16221(b)(vii) or (c)(iv) of the code, MCL 333.16221, for a felony conviction or was revoked for any other felony conviction involving controlled substances, the petition shall not be accepted sooner than 5 years after the effective date of the revocation. A period of summary suspension is not included in calculating the revocation period.

(7) Before reinstating a license or registration, the board or task force shall consider the following in assessing a petitioner's ability to practice and the public interest:

(a) The board or task force shall determine whether the petitioner has complied with the guidelines adopted by the department pursuant to section 16245(6) of the code, MCL 333.16245. If, in reinstating the license or registration, the board or task force deviates from the guidelines, it shall state in its order the reasons for the deviation.

(b) If the disciplinary subcommittee's final order included corrective measures, remedial education, or training as a condition of reinstatement, the board or task force shall consider the extent of the petitioner's compliance with the conditions set forth in the final order. In addition, the board or task force may impose other requirements for reinstatement as deemed appropriate, including additional training, education, or supervision.

(c) If the final order of the disciplinary subcommittee did not address corrective measures, remedial education, or training as a condition of reinstatement, the board or task force, in determining a petitioner's ability to practice safely and competently, may consider the need for additional training and education in determining if the petitioner has met the criteria established in section 16247(l) of the code, MCL 333.16247(1).

(8) After a hearing has been completed, the board or task force shall determine whether the petitioner has satisfied section 7316, 16247, or 16248 of the code MCL 333.7316, MCL 333.16247, or MCL 333.16248. The board or task force may deny the petition or grant the petition subject to terms and conditions that it deems appropriate.

(9) A subsequent petition for reinstatement may not be filed with the bureau for at least 1 year after the effective date of the order denying reinstatement.

History: 2015 AACCS.

Courtesy of [www.michigan.gov/orr](http://www.michigan.gov/orr)



Bureau of Professional Licensing  
 PO Box 30670 • Lansing, MI 48909  
 Telephone: (517) 373-8068  
[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. 02/16)

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.

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	