Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Board of Sanitarian
PO Box 30670
Lansing MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

SANITARIAN
ENDORSEMENT APPLICATION PACKET

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Advisor Committee on Sanitarians
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SANITARIAN ENDORSEMENT INSTRUCTIONS

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

Applicants for a veterinary technician license by endorsement must be currently licensed in another state.

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 Advisory Committee on Sanitarians.

2. Applicants for a Michigan health professional license or registration are required to submit fingerprints and undergo a Criminal Background Check. **You should make contact with an approved agency 7-10 days after application submission**. Additional documentation is included in this packet offering detailed instruction on the CBC and fingerprinting process.

3. Arrange for a verification and/or certification to be sent directly to the Advisory Committee from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.** The Michigan Advisory Committee on Sanitarians requires that you have been licensed, registered, or employed as a sanitarian for 3 of the last 4 years.

4. The Michigan Advisory Committee on Sanitarians requires that you have passed either the NEHA or PES examination for sanitarians. If you have taken the national examination (either the PES or NEHA) in another state, you must arrange to have your scores forwarded directly to this office. PES may be contacted at (212) 367-4342; NEHA scores may be obtained by contacting NEHA at (303) 756-9090 ext. 339 or by email at staff@neha.org.

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.

LARA/END-020 (06/14)

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Bureau of Health Care Services
Health Licensing Division
PO Box 30670
Lansing, MI 48909
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FOR BOARD USE ONLY
License Number:
Issue Date:

APPLICATION FOR ENDORSEMENT

I am applying for the following:

Sanitarian By Endorsement Fee: $80.00 71-6701-09

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

1. Demographic Information

First Name:	Middle Name:	Last Name:
U.S. Social Security #:	Birth Date:	
Street Address:	Apt/Bldg #:	
City:	State:	Zip Code:
Country: United States		
Phone Number:	Email Address:	

Have you ever held a health professional license in any profession in Michigan? ☐ Yes ☐ No

Health Professional Permanent I.D./License Number: ☐☐☐☐☐☐☐☐☐☐ Expiration Date:

Have you ever been known under any other name? ☐ Yes ☐ No
If yes, list name(s):

Will documents be received under any other name? ☐ Yes ☐ No
If yes, list name(s):

Have you ever filed an application for this type of license in Michigan? ☐ Yes ☐ No

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 judgements in any consecutive 5 year period? ☐ Yes ☐ No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgements 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:

3. Professional Education

Name of Institution	Address of Institution	Graduation Date	Certificate/Diploma/Degree Granted

3. License(s) in Other State(s) and/or Province(s)

Do you hold or have you ever held a permanent health professional license, certification, or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY/LIMITED LICENSES**. (Attach additional sheets if necessary.)

☐ Yes
☐ No

State/Country	Permanent License/ Registration Number	Date of Issue	Number of Years Licensed	Expiration Date	How Obtained (Exam or Endorsement)

4. CERTIFICATION

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 further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant _____ Date _____

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.

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

BUREAU OF HEALTH CARE SERVICES
HEALTH PROFESSIONS DIVISION

STEVE ARWOOD
DIRECTOR

CRIMINAL BACKGROUND CHECK FINGERPRINT REQUEST FORM INSTRUCTIONS (For Applicants in Michigan)

1. Applicants for a Michigan health professional license must have their fingerprints taken under an Agency ID/ORI Number specific for the board for which they are applying. Fingerprints may be taken by either Identogo (formerly L-1 Enrollment) or another agency listed at www.michigan.gov/lsvendor. Whether you use Identogo or another agency, you must use an Agency ID Number for a Health Professional licensing board. These Agency ID numbers MUST be used in order to have the fingerprint report sent to the Health Professions Licensing Division. Receipts **should not** be mailed to the office, but kept for your own records.

2. Please complete the Livescan Fingerprint Request Form and check the box for the profession for which you have applied. Incorrectly selected professions/agency ID's may delay the criminal background check process.

3. You must bring the Livescan Fingerprint Request Form with a driver's license or other state or federal issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment.

4. When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police.

5. If no criminal history is found, the Health Professions Licensing Division will be notified.

6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.

7. Information about fees and scheduling your fingerprint appointment with Identogo can be found at www.identogo.com or by calling 1-866-226-2952.

8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.

9. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.

10. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
HEALTH PROFESSIONS DIVISION

STEVE ARWOOD
DIRECTOR

CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state/out of country)

1. Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.

2. Submit the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for $62.75, made payable in U.S. Funds, to MorphoTrust USA to the following address:

   MorphoTrust USA
   Attn: Card Scan Processing Unit
   3051 Hollis Dr Ste 310
   Springfield IL 62704

3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.

4. Identogo will submit your fingerprints to the Michigan State Police for analysis.

5. If no criminal history information is found, the Health Professions Licensing Division will be notified.

6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.

7. Call Identogo toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.

8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.

9. Applicants for a Michigan health professional license must have their fingerprints taken under the Agency ID/ORI Number specific for the board for which they are applying.

10. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.

11. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
HEALTH PROFESSIONS DIVISION

STEVE ARWOOD
DIRECTOR

LIVESCAN FINGERPRINT REQUEST FORM

Applicant Instructions: Please complete the top section of this form then print it and take it, along with your picture I.D. to your scheduled appointment or if you are an out of state/out of country applicant please mail it along with your fingerprints.

First Name:	Middle Name:	Last Name:
Street Address:		Apt/Bldg #:
City:	State:	Zip Code:
Phone Number:	Country: United States	
Date of Birth (MM/DD/YYYY):	Race:	Sex:
Height: / Weight:	Eye Color:	Hair Color:
License/Registration you are applying for: Sanitarian Agency ID#90911A		

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINT AGENCY

Fingerprint Date:	TCN:

Type of I.D. Presented:

REQUESTING AGENCY INFORMATION

Agency Name Agency ID Number: **MI DEPT OF LARA - Sanitarian Agency ID# 90911A**
Reason Fingerprinted: **LHP - Licensed Health Care Professional (MCL333.16174)**

LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
HEALTH PROFESSIONS DIVISION
611 W. OTTAWA ST. 1ST FL P.O. BOX 30670 LANSING, MICHIGAN 48909
www.michigan.gov/healthlicense (517) 335-0918

Print

Please print out the Application (Pages 4-6), and the LiveScan Fingerprint Request Form (Page 9). Sign and date your application, and submit the application along with any supporting documentation and 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
Advisory Committee on Sanitarians
PO Box 30670
Lansing MI 48909

Schedule your fingerprints to be taken 7-10 business days AFTER you have mailed your application to our office.

APPLICATION CHECKLIST

❒ **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. Personal Data Questions:** All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

❒ **3. Professional Education:** List your current or completed school. Indicate degree/certificate/diploma earned. List graduation and/or anticipated graduation date.

❒ **4. License in Other State(s) and/or Province(s):** List all states/provinces where you have held a sanitarian license or registration. Indicate method of licensure - examination or endorsement.

❒ **5. 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 Advisory Committee on Sanitarians 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 email 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 Advisory Committee.

6. Supporting documentation will not be accepted if faxed into our office.

7. **SPECIAL ACCOMMODATIONS**: If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. We also require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your educational program that describes the accommodations provided to you during your education. These documents need to be submitted with your application, if not earlier, to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Advisory Committee on Sanitarians, ATTN: ADA Request, PO Box 30670, Lansing, MI 48909.

8. REFUND POLICY: If you wish to withdraw your application, you must notify the Advisory Committee in writing to request a partial refund.

9. If your name and/or address changes please notify the Advisory Committee on Sanitarians 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 and fax it to (517) 335-2044 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Advisory Committee on Sanitarians, Applications Sections, PO Box 30670, 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.

GLOSSARY/DEFINITION OF TERMS

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 not lapsed is reactivated by the Advisory Committee.
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 are 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, Advisory Committee on Sanitarians, PO Box 30670, 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.

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 Advisory Committee 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 November 30 renewal date. Each subsequent license will cover a full two-year cycle.

WEBSITES AND LINKS

WEBSITES:

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

LINKS:

National Environment Health Association (NEHA)	www.neha.org
Identogo	www.identogo.com