

VOLUNTEER LICENSE RENEWAL AFFIDAVIT

Authority: 1978 PA 368

Applicant's Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number (If Applicable)	
Address			
City	State	Zip Code	Country
Telephone Number		Email Address	
CHECK ONE PROFESSION			
Acupuncturist Athletic Trainer Audiologist Chiropractor Dentist Dental Specialty – Endodontist Dental Specialty – Orthodontist Dental Specialty – Pediatric Dental Specialty – Periodontist Dental Specialty – Prosthodontist Dental Specialty – Oral Surgeon Registered Dental Assistant Registered Dental Hygienist Marriage and Family Therapist Massage Therapist Medical Doctor Licensed Practical Nurse Registered Nurse R.N. Specialty – Nurse Anesthetist R.N. Specialty – Nurse Midwife R.N. Specialty – Nurse Practitioner Nursing Home Administrator Occupational Therapist Occupational Therapy Assistant Optometrist Osteopathic Physician Pharmacist Physical Therapist		Physical Therapy Assistant Physician's Assistant Podiatrist Professional Counselor Master's Limited Psychologist Psychologist Respiratory Therapist Sanitarian Social Service Technician Bachelor's Social Worker Master Social Worker Speech – Language Pathologist Veterinarian Veterinary Technician	
		FOR OFFICE USE ONLY	
		License Number	Issue Date

CERTIFICATION AND SIGNATURE

I confirm that I am applying for renewal of my volunteer license. This license will be utilized to donate my expertise for the health care and treatment of the indigent and needy in this state or for the health care and treatment in medically underserved areas of this state.

I understand that I will be subject to all the provisions of the Public Health Code regarding licensure including the continuing education requirement and disciplinary action when I renew the volunteer license.

I affirm that I will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation for any health care treatment services provided by me under the volunteer license and I will not engage in activities outside the scope of practice of the profession for which I was licensed prior to retirement.

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. Further, by signing below, I certify that I have completed the required number of continuing education credits.

Signature

Date