



MILITARY SPOUSE TEMPORARY LICENSE APPLICATION

Authority: 1978 PA 368

Print or Type Clearly

| | | | |
|--|----------------------------|---|---------|
| Applicant's First Name | Middle Name | Last Name | |
| U.S. Social Security Number | Date of Birth (MM/DD/YYYY) | 10-Digit MI Permanent ID/License Number | |
| 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 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 Pharmacy Technician | 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 | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">License Number</td> <td style="width: 30%;">Issue Date</td> </tr> </table> | License Number | Issue Date |
| License Number | Issue Date | | |

LARA/BPL-TEMPMILSPOUSE (Rev. 10/18)

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.

Required Documents for All Applicants:

Please be advised that the initial Military Spouse Temporary license is valid for only a 6-month period. The license can be renewed for 1 additional 6-month period if the board determines that you continue to meet the requirements of MCL 333.16181(5) of the Michigan Public Health Code and needs additional time to fulfill the requirements for initial licensure. If you want to renew the temporary license, submit the renewal form prior to the end of the 6 month expiration of your initial temporary license.

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check.
- Proof you hold a current license in good standing, or a current registration in good standing, in that health profession for which you are applying, issued by an equivalent licensing department, board, or authority, in another state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, another territory or protectorate of the United States, or a foreign country.
- Proof that you are married to a member of the armed forces of the United States.
- Proof that your spouse is on active duty.
- Proof that your spouse is assigned to a duty station in Michigan and that you are also assigned to a duty station in Michigan under your spouse's permanent change of station orders.

GOOD MORAL CHARACTER QUESTIONS

- | | | |
|---|-----|----|
| 1. Have you been convicted of a felony you have not previously reported to the Department? | YES | NO |
| 2. Have you been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years or a misdemeanor conviction involving the illegal delivery, possession, or use of alcohol or a controlled substance you have not previously reported to the Department? | YES | NO |
| 3. Have any sanctions been imposed against you by a similar licensure, registration, certification or disciplinary board of another state or country you have not previously reported to the Department? | YES | NO |

CERTIFICATION AND SIGNATURE

I understand that it is required by law that this agency secure a criminal history check as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal history file search from the Federal Bureau of Investigations, 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.

Signature

Date