



Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
**Health Professions Licensing Division**

PO Box 30670

Lansing, MI 48909

(517) 335-0918

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

**MILITARY SPOUSE-TEMPORARY LICENSE  
APPLICATION PACKET**

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**MILITARY SPOUSE AND TEMPORARY LICENSE INSTRUCTIONS  
FOR HEALTHCARE PROFESSIONALS**

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

The Military Spouse and Temporary license is available only for an individual who is a licensed health professional in another jurisdiction and who is married to an active duty member of the armed forces assigned to a duty station in Michigan. The applicant for this temporary license must also be assigned to a duty station in Michigan under his or her spouse's permanent change of station orders. This temporary license is valid for six (6) months. The temporary license may be renewed for one additional six month period if all requirements for this license are still met and the applicant needs more time to fulfill the requirements for a full license or registration.

**NOTE: You may already meet requirements to obtain a full license. For more information on filing an endorsement application go to [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and click on the profession needed.**

In order to obtain this license, the applicant must:

1. Complete and submit the application for the Military Spouse-Temporary license and arrange for supporting documents to be sent to the Michigan Bureau of Health Care Services. There is no fee for the Military Spouse-Temporary License.
2. All applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation Letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID.
3. Arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board from any state, territory, protectorate, province or country where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.** The verification must be sent to the Bureau directly from the other licensing agency.
4. Submit a copy of your marriage license to the Bureau.
5. Submit a copy of your spouse's change of station orders assigning him or her to a duty station in Michigan.
6. Submit a copy of your assignment to a duty station in Michigan under your spouse's permanent change of station orders.

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<b>FOR BOARD USE ONLY:</b>
License Number:
Issue Date:

**APPLICATION FOR MILITARY SPOUSE AND TEMPORARY LICENSURE**

PLEASE NOTE: Please select only one profession.

I am applying for the following:

<input type="checkbox"/> Acupuncturist	<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Podiatrist
<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Professional Counselor
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Master's Limited Psychologist
<input type="checkbox"/> Chiropractor	<input type="checkbox"/> RN Specialty-Nurse Anesthetist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Dentist	<input type="checkbox"/> RN Specialty-Nurse Midwife	<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Dental Specialty-Endodontist	<input type="checkbox"/> RN Specialty-Nurse Practitioner	<input type="checkbox"/> Sanitarian
<input type="checkbox"/> Dental Specialty-Orthodontist	<input type="checkbox"/> Nursing Home Administrator	<input type="checkbox"/> Social Service Technician
<input type="checkbox"/> Dental Specialty-Pediatric	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Bachelor's Social Worker
<input type="checkbox"/> Dental Specialty-Periodontist	<input type="checkbox"/> Occupational Therapy Assistant	<input type="checkbox"/> Master Social Worker
<input type="checkbox"/> Dental Specialty-Prosthodontist	<input type="checkbox"/> Optometrist	<input type="checkbox"/> Speech-Language Pathologist
<input type="checkbox"/> Dental Specialty-Oral Surgeon	<input type="checkbox"/> Osteopathic Physician	<input type="checkbox"/> Veterinarian
<input type="checkbox"/> Registered Dental Assistant	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Veterinary Technician
<input type="checkbox"/> Registered Dental Hygienist	<input type="checkbox"/> Physical Therapist	
<input type="checkbox"/> Marriage and Family Therapist	<input type="checkbox"/> Physical Therapy Assistant	
<input type="checkbox"/> Massage Therapist	<input type="checkbox"/> Physician's Assistant	

## APPLICATION FOR MILITARY AND TEMPORARY LICENSURE

### 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 been known under any other name?

If yes, list name(s):

Yes

No

Will documents be received under any other name?

If yes, list name(s):

Yes

No

Full Name:

## 2. Personal Data Questions

1. Have you ever been convicted of a felony?

If yes, please explain

Yes

No

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years?

If yes, please explain

Yes

No

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)?

If yes, please explain

Yes

No

4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?

If yes, please explain

Yes

No

5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?

If yes, please explain

Yes

No

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?

If yes, please explain

Yes

No

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?

If yes, please explain

Yes

No

8. Have you ever been treated for substance abuse in the past 2 years?

If yes, please explain

Yes

No

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:

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

Do you hold or have you held a permanent health professional license or registration in any state; U.S. Territory, Protectorate, Canadian province or Country?  Yes  No

If yes, list each state, U.S. Territory, Protectorate, Canadian province or country in which you hold or have ever held a permanent health professional license, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY LICENSES.** (Attach additional sheets if necessary.)

State, U.S. Territory, Protectorate, Country or Province	Permanent License/Registration Number	Date of Issue	How Obtained (Examination or Endorsement)

**3. CERTIFICATION**

I understand that I will be subject to all the provisions of the Public Health Code regarding licensure or registration. 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 to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, US Territory or protectorate, of the United States military, of the federal government, or of another country.

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.

Please print out the Application (pages 4-7). Sign and date your application.

Submit the application to:

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Health Professions Licensing Division  
PO Box 30670  
Lansing MI 48909



## APPLICATION CHECKLIST INSTRUCTIONS

**Clearly print or type all information on your application.**

**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.

**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 on a separate sheet with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

**3. License in Other State (s) and/or Province (s):** List all states, provinces, US Territories, Protectorates or Countries where you have held a health professional license or registration. Indicate method of licensure-examination or endorsement.

**4. 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. Applications and mail are processed as quickly as possible in date-received order.
3. 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.
4. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
5. Supporting documentation will not be accepted if faxed into our office.
6. If your name and/or address changes please notify the Board in writing. To change a name or address, you can download the Date Change/Duplicate License Request Form from our website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 335-2044 ATTN: Application Section or mail the form to Licensing and Regulatory Affairs, Bureau of Health Care Services, Application Section, 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](http://www.michigan.gov/elicense).

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 Board.
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.

### **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](http://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 Board 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 Military Spouse-Temporary License is valid for six months. The temporary license can be renewed for one additional six month period if all requirements for the license are still met and more time is needed to fulfill the requirements for a full license or registration.

## WEBSITES AND LINKS

### WEBSITES:

Michigan Department of Licensing and  
Regulatory Affairs

[www.michigan.gov/lara](http://www.michigan.gov/lara)

Bureau of Health Care Services

[www.michigan.gov/bhcs](http://www.michigan.gov/bhcs)

Health Professions Licensing Division

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

Michigan Board Administrative Rules

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

Michigan Public Health Code

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

Application Status

[www.michigan.gov/appstatus](http://www.michigan.gov/appstatus)

Renewal Website

[www.michigan.gov/elicense](http://www.michigan.gov/elicense)