

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Professional Licensing
Complaint Intake Section
 P.O. Box 30670
 Lansing, MI 48909-8170
 (517) 241-0205
 Fax: (517) 241-2389
 www.michigan.gov/bpl

MICHIGAN HEALTH PROFESSIONALS – REPORT OF CHANGE IN STAFF PRIVILEGES

Section 333.20175 of the Michigan Public Health Code, 1978 PA 368, as amended, provides the criteria for reporting staff changes.

Licensee's First Name:		Middle Name:		Last Name:	
Street Address:					
City:		State:	Zip Code:	Telephone Number with Area Code:	
Michigan Professional License Number:	Type of Licensure (MD, RN, etc.):		U.S. Social Security Number:	Date of Birth (MM/DD/YY):	
Period of Time on Facility Staff: FROM: _____ TO: _____			Specialty		
Did the licensee resign? Yes _____ No _____		Was the resignation Voluntary? _____ Involuntary? _____		Was the resignation in lieu of termination? Yes _____ No _____	
Was the licensee suspended? Yes _____ No _____		Period of suspension: FROM: _____ TO: _____			
Was the licensee terminated? Yes _____ No _____		Was the licensee placed on probation? If yes, list time period. Yes _____ No _____ FROM: _____ TO: _____			
Was the licensee's practice limited or restricted? If yes, please describe below. Yes _____ No _____					
Describe the circumstances, including dates, that caused the licensee's change in status.					
Do you have supporting documentation? If so, please attach. Yes _____ No _____					
SIGNATURE				Date	
Print or Type Name				Title	
Facility Name					
Facility Street Address					
City			State	ZIP Code	
Telephone Number with Area Code			Fax Number with Area Code		

Return completed form to: MI Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, Complaint Intake Section, P.O. Box 30670, Lansing, Michigan 48909-8170.