

**TEMPORARY MILITARY SPOUSE APPLICATION**

Authority: 1978 PA 368

**Print or Type Clearly**

Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>	
U.S. Social Security # <b>(New Applicants Only)</b>		Date of Birth <b>(New Applicants Only)</b>	
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 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	
	<b>FOR OFFICE USE ONLY</b>	
	License Number	Issue Date

LARA/BPL-TEMPMILSPOUSE (Rev. 03/16)

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 Additional Documents:**

**All Applicants**

- 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.

**CERTIFICATION AND SIGNATURE**

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 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.

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Signature

\_\_\_\_\_  
Date