



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

VOLUNTEER APPLICATION PACKET

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VOLUNTEER INSTRUCTIONS FOR RETIRED 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 volunteer license is available only for retired health professionals who were previously licensed to practice in Michigan, but who no longer have a current, active Michigan professional license. This license may only be used for the purpose of donating treatment and health care in Michigan to indigent and needy individuals or medically under-served areas. In order to obtain this license, the applicant must:

1. Complete and submit the application for a volunteer license along with the appropriate fee, if applicable, as well as arrange for supporting documents to be sent to the Michigan Board. There is no fee for the volunteer license. However, there is a fee for a controlled substance license, if the applicant is authorized to hold a controlled substance license and needs it to provide services with the volunteer license.
2. Arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**
3. If you are a MD or DO and have been licensed in a state that uses the VeriDoc verification system, you can register with VeriDoc by calling 701-319-6500 or register on-line at www.veridoc.org for verification of your license(s).
4. If your professional license has been lapsed for more than 3 years and you were licensed in a profession with continuing education requirements for renewal, you must also comply with the following continuing education requirements:
5. CONTINUING EDUCATION REQUIREMENTS:
 - If your dentist license has been lapsed for three or more years, you must submit documentation verifying the completion of 40 continuing education hour in board-approved activities within the last three years.
 - If your medical doctor, osteopathic physician, or podiatrist license has been lapsed for three or more years, you must submit documentation verifying the completion of 90 continuing education hours in board-approved activities within the last three years.
 - If your optometrist license has been lapsed for three or more years, you must submit documentation verifying the completion of 24 continuing education hour in board-approved activities within the last three years.

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FOR BOARD USE ONLY
License Number:
Controlled Substance License #:
Issue Date:

APPLICATION FOR VOLUNTEER LICENSURE

PLEASE NOTE: Please select only one profession. A volunteer license application must be completed for each profession for which you are applying for a volunteer license. If you need a controlled substance license, choose the option that includes CS.

I am applying for the following:

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

1. Demographic Information

First Name:	Middle Name:	Last Name:
U.S. Social Security #:	Birth Date:	
Street Address:	Apt/Bldg #:	
City:	State:	Zip Code:
Country:		
Phone Number:	Email Address:	
What is the status of your health professional license?		
<input type="radio"/> Expired <input type="radio"/> Active <input type="radio"/> Other (Please Specify)		
Michigan Health Permanent I.D./License Number:	Expiration Date:	
Have you ever been known under any other name? If yes, list name(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will documents be received under any other name? If yes, list name(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Full Name:

2. Personal Data Questions

1. Have you ever been convicted of a felony? Yes
 No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years? Yes
 No

If yes, please explain

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)? Yes
 No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgements in any consecutive 5 year period? Yes
 No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgements totaling \$200,000 in any consecutive 5 year period? Yes
 No

If yes, please explain

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? Yes
 No

If yes, please explain

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? Yes
 No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years? Yes
 No

If yes, please explain

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: _____

3. 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 or Canadian province? Yes No

If yes, list each state, U.S. Territory, or Canadian province 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 or Province	Permanent License/Registration Number	Date of Issue	How Obtained (Examination or Endorsement)

4. CONTINUING EDUCATION

Have you been out of practice for more than 3 years? Yes No

If yes, have you completed at least 2/3 of the required continuing education hours required to renew your license? Yes No

5. CERTIFICATION

I confirm that I allowed my license to practice to expire and that I am now applying for a 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 under-served 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 if I am granted a volunteer license. 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, of the United States military, of the federal government, or of another country.

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 services provided by me under the volunteer license and the statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. 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 _____

Please print out the Application (pages 5-7). Sign and date your application. If you qualify and require a controlled substance license submit the application along with your check or money order made payable to the "State of Michigan" 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

All information should be typed or printed clearly. It is your responsibility to submit the required forms to our office.

Controlled Substance Fee: If applicable, submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

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 where you have held a health professional license or registration. Indicate method of licensure - examination or endorsement.

4. Continuing Education: Indicate whether you have been out of practice for more than 3 years. If you have been out of practice for more than 3 years, you must submit at least 2/3 of the continuing education hours required to renew your license. Additional information about the continuing education requirements for Michigan can be found at www.michigan.gov/healthlicense.

5. 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. REFUND POLICY: If you wish to withdraw your application, you must notify the Michigan Board in writing to request a refund.
7. If your name and/or address changes please notify the Board in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at 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.

GLOSSARY/DEFINITION OF TERMS

CONTACT HOUR/CREDIT	A continuing education credit or contact hour is equivalent to 50-60 minutes of program participation in a board approved program.
CONTINUING EDUCATION UNIT (CEU)	A CEU is a continuing education unit, which consists of ten continuing education credits/hours.
EXAMINATION	Application made by an individual who must take and pass and 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.
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. Applications with controlled substance fees are first processed through our central mailroom then through our payment processing office.

Q. What do I do if I desire a controlled substance license?

Please submit the appropriate controlled substance fee along with your application. Mail to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Health Professions Licensing Division, PO Box 30670, Lansing, MI 48909.

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.

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 Michigan 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. For how long is my license valid?

The initial license is good for a partial licensure cycle and will expire with that profession standard expiration date. Each subsequent license will cover a full licensure cycle.

Q. How do I renew my license?

You will be mailed a renewal notice approximately two to three months prior to the expiration date of your license. The notice will include instructions on how to renew your license online.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs

www.michigan.gov/lara

Bureau of Health Care Services

www.michigan.gov/bhcs

Health Professions Licensing Division

www.michigan.gov/healthlicense

Michigan Board of Rules

www.michigan.gov/healthlicense

Michigan Public Health Code

www.michigan.gov/healthlicense

Application Status

www.michigan.gov/appstatus

Renewal Website

www.michigan.gov/elicense