

# **FY 2017 Annual Report Board Activities**

(Pursuant to PA 368 of 1978 as amended and PA 299 of 1980 as amended)

**July 1, 2021**

**Debra Gagliardi, Director**

**Bureau of Professional Licensing**



**GRETCHEN WHITMER  
GOVERNOR**



**ORLENE HAWKS  
DIRECTOR**

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## Executive Summary

This annual report covers Fiscal Year 2017 from October 1, 2016 to September 30, 2017. Information about the programs within the Bureau of Professional Licensing (Bureau) can be found in this report. In addition, this report is available at the following locations:

- The Bureau of Professional Licensing website at: [www.michigan.gov/bpl](http://www.michigan.gov/bpl).
- The All About LARA section – Legislative Reports of the Department of Licensing and Regulatory Affairs website at: [www.michigan.gov/lara](http://www.michigan.gov/lara).

The Bureau is located within the Department of Licensing and Regulatory Affairs (LARA) and oversees the licensing, investigations, and enforcement responsibilities of individuals licensed under the Occupational Code and the Public Health Code.

The mission of the Bureau is to protect, preserve and improve the health, safety, and welfare of Michigan's citizens through the licensing and regulation of occupational and health professionals. The Bureau is designed to make the regulatory system simple, fair, and efficient.

Each of the designated professions is authorized through legislative action. Most of the professions have a board consisting of licensed occupational or health professionals and public members who establish the educational, examination and general practice requirements. These requirements are established either in the legislation that authorizes the regulation of the profession or in the administrative rules for that board. Additionally, the boards are responsible for disciplining licensed/registered individuals who violate the provisions of the Public Health Code, PA 368 of 1978, as amended, or the Occupational Code, PA 299 of 1980, as amended. The board members are appointed by the Governor and typically serve for two terms of four years each.

Boards elect a chair and a vice-chair each year. These individuals can be either licensed professionals or public members. For health professional boards, the board chair must appoint a disciplinary subcommittee which consists of two public members and three professional members. The disciplinary subcommittee must be chaired by a public member. This committee reviews most of the disciplinary cases and determines the sanction that needs to be imposed on the regulated individual. For other occupational boards, disciplinary actions are handled by the entire board.

Regulation of the occupational and health professionals come in three different levels of authorized practice:

- License – where only professionals that hold the credential can practice in Michigan.
- Registration – where only professionals who hold the credential can call themselves by that name, but other qualified individuals can practice that profession as long as they do not use the protected title.
- Certification – where a registry is created that indicates individuals who have met a specified level of educational training and experience, and completed an examination, if appropriate. Neither the title nor the practice is limited to those who hold the credential but all of those who hold the credential have met pre-established criteria.

## Michigan Board of Accountancy

The Michigan Board of Accountancy was originally formed with the enactment of Public Act 130 of 1976. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended.

The practice of accountancy as defined in Article 7 of the Occupational Code means rendering or offering to render an opinion on or attesting to or offering to attest to the reliability of a representation or estimate including, but not limited to, the giving of an opinion in substance that 1 or more of the following types of information concerning the entity that is the subject of the opinion present fairly the condition of the entity:

- i. Financial or other information about which the opinion is given.
- ii. Facts respecting the entity's compliance with conditions established by law or contract, including, but not limited to, a statute, ordinance, regulation, grant, loan, or appropriation.
- iii. The scope of the accounting procedures rendered in connection with the presentation of the entity's financial statement.

The Michigan Board of Accountancy consists of 9 voting members: 6 certified public accountants and 3 public members, including 1 attorney licensed in Michigan. One of the 9 must be an instructor of accounting.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Swartz, Michael, CPA, Chairperson	6/30/2018
Howell, Matthew, CPA, Vice-Chairperson	6/30/2018
Bayson, James, CPA	6/30/2020
Bergeron, Stephanie CPA (resigned 2/19/2019)	6/30/2021
Clark Jr., Robert, Public Member	6/30/2019
Homier, Barbara, Public Member (attorney)	6/30/2020
Kluge, Jennifer, Public Member	6/30/2021
Post, Kathleen, CPA	6/30/2019
Smith, Ola, PhD, CPA (instructor)	6/30/2021

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

October 7, 2016  
January 27, 2017  
May 19, 2017  
July 28, 2017

## Michigan Board of Acupuncture

The Michigan Board of Acupuncture was created with the enactment of Public Act 30 of 2006, which amended the Public Health Code, Public Act 368 of 1978.

The practice of acupuncture, as defined in the Public Health Code, means the insertion and manipulation of needles through the surface of the human body at specific locations on the human body for the prevention or correction of disease, injury, pain, or other condition.

The Board of Acupuncture consists of 13 voting members: 7 acupuncturists, 3 physicians (one of which must have completed at least 300 hours of systematic acupuncture education that includes not less than 100 hours of live lectures, demonstrations, and supervised clinical training specific to acupuncture) and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Krofcheck, David, OMD, LAC, BA, Chairperson	6/30/2019
Silver, Julie, MSW, Dipl.AC, Vice-Chairperson	6/30/2018
Blanchard, Sheryl, Public Member	6/30/2019
Biris, Anne	6/30/2020
Converse, Beth, RAc	6/30/2018
Haas, Annie, MSTOM	6/30/2018
Hubbs, Renee, RAc	6/30/2018
Tan, Xiaohong, OMD	6/30/2019
Underwood, Jonell, Public Member	6/30/2018
Wernert, Sarah, Public Member	6/30/2018
Zaidan, Jonathan, MD	6/30/2018
Vacancy, Professional	6/30/2020
Vacancy, MD	6/30/2021

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

October 21, 2016 (Disciplinary Subcommittee Cancelled)

January 20, 2017 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

April 21, 2017 (Full Board Meeting Held and Disciplinary Subcommittee Cancelled)

July 21, 2017 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

## Michigan Board of Architects

The Michigan Board of Architects was originally formed with the enactment of Public Act 240 of 1937. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended.

The practice of architecture as defined in Article 9 of the Occupational Code means professional services, such as consultation, investigation, evaluation, planning, design, or review of material and completed phases of work in construction, alteration, or repair in connection with a public or private structure, building, equipment, works, or project if the professional service requires the application of a principle of architecture or architectural design.

The Michigan Board of Architects consists of 9 voting members: 5 architects, 1 professional engineer who is a member of the Board of Professional Engineers, 1 professional surveyor who is a member of the Board of Professional Surveyors and 2 public members.

### **Board Members as of 9/30/2017**

Van Tine, Kenneth, Architect, Chairperson  
King, Dennis, Architect, Vice-Chairperson  
Barish, Gilbert, PS  
Barry, Patrick, Architect  
Lamble, Dan, Architect  
Larson, Jay, Public Member  
Naperala, Troy, PE  
Welmers, Joseph, Public Member  
Vacancy, Architect

### **Term Expires**

3/31/2019  
3/31/2018  
3/31/2021  
3/31/2021  
3/31/2020  
3/31/2021  
3/31/2019  
3/31/2018  
3/31/2021

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

January 11, 2017  
May 10, 2017 (Full Board and Joint Design Board Meeting)  
September 20, 2017

## Michigan Athletic Trainer Board

The Michigan Athletic Trainer Board was created with the enactment of Public Act 54 of 2006, which amended the Public Health Code, Public Act 368 of 1978.

The practice of athletic training, as defined in the Public Health Code, means the treatment of an individual for risk management and injury prevention, the clinical evaluation and assessment of an individual for an injury or illness, or both, the immediate care and treatment of an individual for an injury or illness, or both, and the rehabilitation and reconditioning of an individual's injury or illness, or both, if those activities are within the rules promulgated for this profession and performed under the direction of, on the prescription of, or in collaboration with an individual as an allopathic or osteopathic physician.

The Athletic Trainer Board consists of 11 voting members: 6 athletic trainers, 2 licensed physicians and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Eyers, Christina, EdD, AT, ATC, Chairperson	6/30/2020
Wykes, Patrick, MA, AT, ATC, CSCS, Vice-Chairperson	6/30/2019
Adler, Phillip, MA, AT, ATC	6/30/2019
Dopp, Amber, Public Member	6/30/2019
Fineis, Mary, Public Member	6/30/2019
Kolinski, Michael, DO	6/30/2020
Marra, Jeremy, ATC	6/31/2018
Myers, Gerald, Public Member	6/30/2018
Tinkey, Daniel, AT, AT	6/30/2021
Valbuena, Felix, MD	6/30/2021
Winkler, Jr., James K., AT, ATC	6/30/2021

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

- November 18, 2016 (Full Board Meeting Cancelled)
- February 17, 2017 (Disciplinary Subcommittee Meeting Cancelled)
- May 12, 2017 (Full Board Meeting Cancelled)
- August 18, 2017 (Full Board Meeting Cancelled)

## Michigan Board of Audiology

The Michigan Board of Audiology was created with the enactment of Public Act 97 of 2004, which amended the Public Health Code, Public Act 368 of 1978.

The practice of audiology, as defined in the Public Health Code, means the nonmedical and nonsurgical application of principles, methods, and procedures related to disorders of hearing, including all the following:

- i. Facilitating the conservation of auditory system function.
- ii. Developing and implementing hearing conservation programs.
- iii. Preventing, identifying, and assessing hearing disorders of the peripheral and central auditory system.
- iv. Selecting, fitting, and dispensing of amplification systems, including hearing aids and related devices, and providing training for their use.
- v. Providing auditory training, consulting, education, and speech reading to individuals with hearing disorders.
- vi. Administering and interpreting tests of vestibular function and tinnitus in compliance with section 16809 and in adherence to the mandate of subsection (2).
- vii. Routine cerumen removal from the cartilaginous portion of the external ear in otherwise healthy ears except that if the audiologist, while engaged in routine cerumen removal, discovers any trauma, including, but not limited to, continuous uncontrolled bleeding, lacerations, or other traumatic injuries, he or she shall, as soon as practically possible, refer the patient to a person licensed in the practice of medicine or osteopathic medicine and surgery.
- viii. Speech and language screening limited to a pass-fail determination for the purpose of identification of individuals with disorders of communication.

The Michigan Board of Audiology consists of 9 voting members: 5 audiologists, 2 physicians (one of which has a certificate of qualification from the American Board of Otolaryngology), and 2 public members.

### **Board Members as of 9/30/17**

	<b><u>Term Expires</u></b>
O'Connor, Thomas, AuD, Chairperson	6/30/2019
Kileny, Paul, PhD, AuD, Vice-Chairperson	6/30/2019
Blackburn, Sharon, AuD	6/30/2020
Brennan, Lisa Public Member	6/30/2020
Ferguson, Nicole, AuD	6/30/2021
Somers, Melissa, MD	6/30/2022
Zwolan, Teresa, PhD, AuD	6/30/2022
Vacancy - Professional Member – Otolaryngologist	6/30/2020
Vacancy – Public Member	6/30/2018

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

December 16, 2016

March 17, 2017 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

June 16, 2017 (Disciplinary Subcommittee Meeting Cancelled)

September 22, 2017 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

## Michigan Board of Barber Examiners

The authority for the Michigan Board of Barber Examiners was transferred to the Occupational Code, Public Act 299 of 1980, as amended on October 21, 1980.

Barber is defined in Article 11 of the Occupational Code as a person who shaves or trims the beard of a person; cuts, trims, shampoos, relaxes, curls, permanently waves, dresses, tints, bleaches, colors, arranges, or styles the hair of a person; massages the face and head of a person; or renders personal services of a similar nature customarily done by a barber.

The Michigan Board of Barber Examiners consists of 9 voting members: 6 licensed barbers that have practiced as a barber for 3 years before the appointment (1 of the 6 licensed barbers shall be a journeyman barber) and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Morey, Robert, Professional Member, Chairperson	9/30/2018
Smith, Philip, III, Professional Member, Vice-Chairperson	9/30/2021
Dimoff, Eric, Public Member	9/30/2020
Dutcher, Jordan, Professional Member	9/30/2018
Grover, Marlene, Professional Member	9/30/2018
Mitchell, Kelly, Public Member	9/30/2019
Reardon, Micaela, Public Member	9/30/2021
Vitto, Perry, Professional Member	9/30/2020
Vacancy, Professional Member	9/30/2019

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

November 14, 2016

January 30, 2017 (Full Board Meeting Cancelled)

May 22, 2017

September 25, 2017

## Michigan Board of Behavior Analysts

The Michigan Board of Behavior Analysts was created with the enactment of Public Act 404 of 2016, which amended the Public Health Code, Public Act 368 of 1978.

The practice of applied behavior analysis, as defined in the Public Health Code, means the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior.

Practice of applied behavior analysis includes all the following:

- (A) The empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis.
- (B) Applied behavior analysis interventions that are based on scientific research and the direct observation and measurement of behavior and the environment.
- (C) The utilization of contextual factors, motivating operations, antecedent stimuli, or positive reinforcement.
- (D) The utilization of other consequences to help individuals develop new behaviors, increase, or decrease existing behaviors, and emit behaviors under specific environmental conditions.

The Michigan Board of Behavior Analysts consists of 9 members: 4 licensed behavior analysts (3 of which are engaged in providing clinical services and 1 is engaged in providing applied behavior analysis services to the Medicaid population in addition to providing clinical services); 1 individual who is affiliated with a university in this state and provides instruction or conducts research in applied behavior analysis; 1 assistant behavior analyst; 1 physician who is licensed under part 170 or 175 and works with patients with autism spectrum disorders or brain injuries; and 2 public members.

### **Board Members as of 9/30/2017**

Peterson, Stephanie, BCBA, Chairperson  
Raaymakers, Conny, BCBA, Vice-Chairperson  
Blankenship, Kelly, BCBA  
Love, Jessa, BCBA  
McElfish, Ian BCaBA  
Nutkins, Christy, BCBA  
Plavnick, Josh, BCBA  
Shroll, Shana, Public Member  
Wallace, Luchara Public Member

### **Term Expires**

12/31/2021  
12/31/2020  
12/31/2021  
12/31/2019  
12/31/2020  
12/31/2019  
12/31/2020  
12/31/2021  
12/31/2019

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

September 6, 2017

## Michigan Board of Chiropractic

The Michigan Board of Chiropractic was originally formed with the enactment of Public Act 145 of 1933. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of chiropractic as defined in the Public Health Code means that discipline within the healing arts that deals with the human nervous system and the musculoskeletal system and their interrelationship with other body systems. Practice of chiropractic includes the following:

- (i) The diagnosis of human conditions and disorders of the human musculoskeletal and nervous systems as they relate to subluxations, misalignments, and joint dysfunctions. These diagnoses shall be for the purpose of detecting and correcting those conditions and disorders or offering advice to seek treatment from other health professionals to restore and maintain health.
- (ii) The evaluation of conditions or symptoms related to subluxations, misalignments, and joint dysfunction through any of the following:
  - (A) Physical examination.
  - (B) The taking and reviewing of patient health information.
  - (C) The performance, ordering, or use of tests. The performance, ordering, or use of tests in the practice of chiropractic is regulated by rules promulgated under section 16423.
  - (D) The performance, ordering, or use of x-ray.
  - (E) The performance, ordering, or use of tests that were allowed under section 16423 as of December 1, 2009.
- (iii) The chiropractic adjustment of subluxations, misalignments, and joint dysfunction and the treatment of related bones and tissues for the establishment of neural integrity and structural stability.
- (iv) The use of physical measures, analytical instruments, nutritional advice, rehabilitative exercise, and adjustment apparatus regulated by rules promulgated under section 16423.

The Michigan Board of Chiropractic consists of 9 voting members: 5 chiropractors and 4 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Wilcox Jr, Ronald, DC, Chairperson	12/31/2019
Squires, Lewis, DC, Vice-Chairperson	12/31/2020
Dean, Christophe, DC	12/31/2018
Huta, Robert, Public Member	12/31/2019
Klapp, Thomas, DC	12/31/2018
Maciolek, Robert, Public Member	12/31/2017
Reno, Donald, DC	12/31/2019
VanWagenen, Lanette, Public Member	12/31/2017
Vacancy, Public Member	12/31/2017

### **Schedule of Board Meetings - Fiscal Year 2017**

November 17, 2016  
February 23, 2017  
May 25, 2017 (Disciplinary Subcommittee Meeting Cancelled)  
August 24, 2017

## Michigan Board of Collection Practices

The Michigan Board of Collection Practices was originally formed with the enactment of Public Act 361 of 1974. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended to license and regulate collection agencies operating in Michigan.

Collection agency is defined in Article 9 of the Occupational Code as a person directly or indirectly engaged in soliciting a claim for collection or collecting or attempting to collect a claim owed or due, or asserted to be owed or due another, or repossessing or attempting to repossess a thing of value owed or due or asserted to be owed or due another arising out of an expressed or implied agreement. Collection Agency includes an individual representing him or herself as a collection or repossession agency, or a person performing the activities of a collection agency, on behalf of another. Collection Agency also includes a person that furnishes or attempts to furnish a form or written demand service, represented to be a collection or repossession technique, device, or system to be used to collect or repossess claims, if the form contains the name of a person other than the creditor that indicates that a request or demand for payment is being made by someone other than the creditor. Collection Agency also includes a person that uses a fictitious name or the name of another in the collection or repossession of a claim.

The Michigan Collection Practices Board consists of 9 voting members: 6 collection agency licensees and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Thomas, Oldani, Professional Member, Chairperson	6/30/2021
Wills Deitrich, Jennifer, Professional Member, Vice-Chairperson	6/30/2021
Dondzila, Nicholas, Public Member	6/30/2020
Idle, Scott, Professional Member	6/30/2018
Matonican, Thomas, Professional Member	6/30/2018
Prince, Scott, Professional Member	6/30/2018
Roberts, Rebecca, Professional Member	6/30/2020
Roth, Jeanne, Public Member	6/30/2019
Vacancy, Public Member	6/30/2021

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

February 1, 2017

August 2, 2017

## Michigan Board of Cosmetology

The authority for the Michigan Board of Cosmetology was transferred to the Occupational Code, Public Act 299 of 1980, as amended, on October 21, 1980.

Cosmetology is defined in Article 12 of the Occupational Code as one of the following services or a combination of the following services: Hair care services (arranging, cutting, dressing, curling, waving, cleansing, singeing, bleaching, coloring, tinting, trimming, styling, relaxing, perming, straightening, or similar work upon the hair of the head); Manicuring services (cleansing, filing, shaping, buffing, polishing, or beautifying of the nails of the hands or feet, and the cleansing, massaging, stimulating, exercising, or beautifying of the skin of the hands, arms, and feet, manually or with the use of tools, appliances, or cosmetic preparations, including the repair of nails, or the creation or decoration of artificial nails); Electrology (permanent removal of hair from the body by the use of electricity); and Skin care services (beautifying the skin of the body by the use of cosmetic preparations, antiseptics, tonics, lotions, or creams, including body wrapping; cleansing or stimulating the skin of the body by the use of the hands, devices, apparatus, or appliances, with or without the use of cosmetic preparations, antiseptics, tonics, lotions or creams; temporary removal of hair from the body by the use of depilatories, waxes, razors, scissors, clippers, or tweezers; giving facials, applying removable makeup, applying eyelashes, or any other application of a preparation or beauty enhancement to the body).

The Michigan Board of Cosmetology consists of 9 voting members: 5 licensed cosmetologists who have been actively engaged in the practice of cosmetology for at least 3 years immediately preceding their appointment, 1 member who has been actively engaged in teaching cosmetology in this state for not less than 3 years immediately before appointment and who owns an interest in a school of cosmetology, and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
River, Angela, Professional Member, Chairperson	12/31/2018
Pittsenbarger, Sally, Professional Member, Vice-Chairperson	12/31/2019
Kruithoff, Danielle, Professional Member	12/31/2021
Schroeder, Andrea, Public Member	12/31/2018
Skipper-Strong, Kathleen, Public Member	12/31/2019
Ward, Linda, Professional Member	12/31/2017
Weaver, Scott, Professional Member	12/31/2017
Wilkinson, Kathryn, Professional Member	12/30/2021
Vacancy, Public Member	12/31/2021

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

November 7, 2016

February 6, 2017

May 1, 2017

August 7, 2017

## Michigan Board of Counseling

The Michigan Board of Counseling was created by Public Act 421 of 1988 which was an amendment to the Public Health Code, Public Act 368 of 1978, as amended.

The Public Health Code defines the practice of counseling to mean the rendering to individuals, groups, families, organizations, or the general public in accordance with accepted and established ethics a service involving clinical counseling principles, methods, or procedures for the purpose of achieving social, personal, career, and emotional development and with the goal of promoting and enhancing healthy self-actualizing and satisfying lifestyles whether the services are rendered in an educational, business, health, private practice, or human services setting.

The Michigan Board of Counseling consists of 11 voting members: 6 professional members (3 of which engage primarily in providing counseling techniques, behavior modification techniques, or preventative techniques to clients, 2 members who are engaged primarily in teaching, training, or research in counseling, and 1 member who is engaged primarily in the administration of counseling services), 4 members of the general public, and 1 member who is a statutorily regulated mental health professional.

### **Board Members as of 9/30/17**

	<b><u>Term Expires</u></b>
Munley, Patrick, LPC, Chairperson	6/30/2019
Emde, Robyn, LPC, Vice-Chairperson	6/30/2020
Bozek, Katie, LMFT, PhD	6/30/2018
Giacoletto, Carol, Public Member	6/30/2018
Hurd, LuAnn, C.R.C., L.P.C.	6/30/2021
Love, Harold LPC	6/30/2021
Mattes, Kimberly Easterle, Public Member	6/30/2018
Papazian, Gerald, LPC	6/30/2020
Parfitt, Diane, LPC, PhD	6/30/2019
Simmons, Jana, Public Member	6/30/2021
Therese Empie, Public Member	6/30/2021

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

December 2, 2016  
March 3, 2017  
June 2, 2017  
September 8, 2017

## Michigan Board of Dentistry

The Michigan Board of Dentistry was originally formed with the enactment of Public Act 122 of 1919. This Act regulated the practice of dentistry and dental hygiene and authorized dental assistants.

On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended, and included certification of specialists in the fields of orthodontics, endodontics, prosthodontics, pediatric dentistry, periodontics, oral and maxillofacial surgery, and oral pathology.

Dentist, as defined by the Public Health Code, means an individual who is licensed under this Article 15 to engage in the practice dentistry.

The practice of dentistry, as defined by the Public Health Code, means the diagnosis, treatment, prescription, or operation for a disease, pain, deformity, injury, or physical condition of the human tooth, teeth, alveolar process, gums or jaws, or their dependent tissues, or an offer, undertaking, attempt to do, or holding oneself out as able to do any of these acts.

The practice as a dental hygienist, as defined by the Public Health Code, means practice at the assignment of a dentist in that specific area of dentistry based on specialized knowledge, formal education, and skill with particular emphasis on preventive services and oral health education.

The practice as a dental assistant, as defined by the Public Health Code, means assistance in the clinical practice of dentistry based on formal education, specialized knowledge, and skill at the assignment and under the supervision of a dentist.

The Michigan Board of Dentistry consists of 19 voting members: 8 dentists, 2 dentists who have been issued a health profession specialty certification issued under MCL 333.16608, 4 registered dental hygienists, 2 registered dental assistants, and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Kaysserian, Kerry, DDS, Chairperson	6/30/2019
Roels, Patricia, DDS, Vice-Chairperson	6/30/2021
Bentley, Cheryl, RDH	6/30/2020
Briskie, Daniel, DDS (specialist)	6/30/2019
Chiaravalli, Peter, DDS	6/30/2020
Franklin, Sandra, RDH	6/30/2019
Hale, Rita, Public Member	6/30/2020
Heintschel, Gregory, DDS	6/30/2020
Hines, Diane, DDS	6/30/2018
Inman, Kathleen, RDH	6/30/2021
Johnston, Mark DDS	6/30/2021
Kindel, Jennifer, RDA	6/30/2019
Maher, William, DDS	6/30/2019
Molloy, Kelly, RDA	6/30/2018
Perrone, William, Public Member	6/30/2019
Priestap, Deborah E., DDS (faculty)	6/30/2018
Schmakel, Timothy, MD, DDS (specialist)	6/30/2020
Weidig, Paula, RDH	6/30/2020
Vacancy, Public Member	6/30/2021

**Schedule of Board Meetings**

**Fiscal Year 2017**

October 13, 2016

December 8, 2016

February 9, 2017

April 13, 2017

June 8, 2017

August 10, 2017

## **Forester Registration**

The Michigan Board of Foresters was originally formed with the enactment of Public Act 78 of 1955. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended. By executive Order No. 1996-2, the Board of Foresters was abolished effective May 15, 1996.

The registration of individuals continues unimpeded.

Article 21 defines a forester as a person who, by reason of his or her knowledge of the natural sciences, mathematics, and the principles of forestry, acquired by forestry education and practical experience, is qualified to engage in the practice of professional forestry.

The practice of professional forestry is defined as professional forestry services, including consultation, investigation, evaluation, planning, or responsible supervision of forestry interns or forest technicians when the professional service requires the application of forestry principles and techniques.

## **Hearing Aid Dealer Registration**

The Michigan Board of Hearing Aid Dealers was originally formed with the enactment of Public Act 265 of 1966. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended. By executive Order No. 1996-2, the Board of Hearing Aid Dealers was abolished effective May 15, 1996. The registration of individuals continues unimpeded.

Article 13 defines the practice of selling or fitting a hearing aid as the selection, adaptation, and sale of a hearing aid and includes the testing of hearing by means of an audiometer and other means for the sale of a hearing aid. The practice also includes the making of an impression for an ear mold.

## Michigan Board of Marriage and Family Therapy

The Michigan Board of Marriage Counselors was originally formed with the enactment of Public Act 292 of 1966. On October 21, 1980, the authority of the Board was transferred to Article 15 of Public Act 299 of 1980. Public Act 126 of 1995 transferred the authority of the Board to the Public Health Code, Public Act 368 of 1978, as amended, and the name was changed to the Board of Marriage and Family Therapy.

Part 169 defines the practice of marriage and family therapy as the providing of guidance, testing, discussions, therapy, instruction, or advice that is intended to avoid, eliminate, relieve, manage, or resolve marital or family conflict or discord, to create, improve, or restore marital or family harmony, or to prepare couples for marriage. Practice of marriage and family therapy does not include the administration and interpretation of psychological tests except for those tests that are consistent with the individual's education and training and with the code of ethics for licensed marriage and family therapists.

The Michigan Board of Marriage and Family Therapy consists of 9 voting members: 6 marriage and family therapists and 3 public members.

### **Board Members as of 9/30/2017**

Dupuis, Sara, PhD, LMFT, Chairperson  
Allen, Concha, Public Member  
Harden, Carolyn, Public Member  
Johnson, Shawn Dee, PhD, LMFT  
Mammen, Laura, LMFT, LPC  
Wampler, Richard, PhD, LMFT  
West, Samantha, Public Member  
Wittenborn, Andrea, LMFT  
Vacancy – Professional Member

### **Term Expires**

6/30/2018  
6/30/2019  
6/30/2020  
6/30/2019  
6/30/2021  
6/30/2019  
6/30/2021  
6/30/2020  
6/30/2019

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

December 9, 2016 (Full Board and Disciplinary Subcommittee Meetings Cancelled)  
March 10, 2017 (Disciplinary Subcommittee Meetings Cancelled)  
June 9, 2017 (Full Board Meeting Cancelled)  
September 15, 2017 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

## Michigan Board of Massage Therapy

The Michigan Board of Massage Therapy was created with the enactment of Public Act 471 of 2008, which amended the Public Health Code, Public Act 368 of 1978.

The practice of massage therapy, as defined in the Public Health Code, means the application of a system of structured touch, pressure, movement, and holding to the soft tissue of the human body in which the primary intent is to enhance or restore the health and well-being of the client. Practice of massage therapy includes complementary methods, including the external application of water, heat, cold, lubrication, salt scrubs, body wraps, or other topical preparations; and electromechanical devices that mimic or enhance the actions possible by the hands.

The Michigan Board of Massage Therapy consists of 11 voting members: 7 individuals who meet the requirements of MCL 333.16135(2) and 4 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Gennety, Tiffany, LMT, Chairperson	12/31/2020
Stout, John T. (J.T.), MT, Vice - Chairperson	12/31/2020
Lennox, Nicole LMT, LMT	12/31/2017
Franklin, Charlie, LMT	12/31/2017
Hunter, Terese, Public Member	12/31/2020
Kiter, Katie, Public Member	12/31/2017
Miazga, Beth, LMT (resigned 9/9/2020)	12/31/2017
Robinson, Judy, Public Member (resigned 10/8/2018)	12/31/2020
Viitala, Rachael, LMT (resigned 3/28/2018)	12/31/2019
Wolf, Lynn, LMT	12/31/2019
Vacancy, Public Member	12/31/2020

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

October 3, 2016  
January 9, 2017  
April 3, 2016 (Full Board Meeting Cancelled)  
July 10, 2017

## Michigan Board of Medicine

The Michigan Board of Medicine was originally formed with the enactment of Public Act 237 of 1899. This act provided for the examination, regulation and licensing of physicians and surgeons in the State of Michigan and for the discipline of offenders against the Act. On January 8, 1974, a new Medical Practice Act, Public Act 185 of 1973, became effective. This Act continued in effect until September 30, 1978, when the Board's authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of medicine, as defined in the Public Health Code, means the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts.

The Michigan Board of Medicine consists of 19 voting members: 10 physicians, 1 physician's assistant, and 8 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Graham, Peter MD, Chairperson	12/31/2017
Arsiwala, Mohammed A., MD, Vice-Chairperson	12/31/2019
Avila, Luis, Public Member	12/31/2017
Bates, Richard, MD	12/31/2017
Chafty, Michael, MD	12/31/2021
Chrissos, Michael, MD	12/31/2019
Frankovich, Stacey, Public Member	12/31/2018
Gormas, Michelle, PA	12/31/2018
Huta, Lisa, Public Member	12/31/2017
Johnston, Renee, Public Member	12/31/2017
Morley-Smolek, Kara, MD	12/31/2017
Policicchio, Domenic, Public Member	12/31/2019
Prues, Louis, Public Member	12/31/2019
Rogers, James, MD	12/31/2019
Paul Sophiea, Public Member	12/31/2017
Sondheimer, James, MD	12/31/2017
Szymanski, Dennis C., MD	12/31/2019
Tahnoose, Terri, Public Member	12/31/2017
Tocco-Bradley, Rosalie, MD	12/31/2019

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

November 16, 2016  
January 18, 2017  
March 15, 2017  
May 17, 2017  
July 12, 2017  
September 13, 2017

## Michigan Board of Licensed Midwifery

The Michigan Board of Licensed Midwifery was formed with the enactment of Public Act 417 of 2016, effective April 4, 2017, to work in conjunction with the Department of Licensing and Regulatory Affairs to establish and implement the licensure program for the practice of midwifery in Michigan.

Midwife, as defined by the Public Health Code, means an individual who is licensed under Part 171 of Article 15 to engage in the practice of midwifery.

The practice of midwifery, as defined by the Public Health Code, means providing maternity care that is consistent with a midwife's training, education, and experience, to women and neonates during the antepartum, intrapartum, and postpartum periods. The practice of midwifery does not include the practice of medicine or osteopathic medicine or surgery, and the practice of nursing, including the practice of nursing with a specialty certification in nurse midwifery.

The Michigan Board of Licensed Midwifery consists of 12 voting members: 7 midwives, 1 certified nurse midwife, 1 physician who is a board-certified obstetrician-gynecologist, 1 physician who is a board-certified pediatrician, 2 members of the general public (1 of which is a consumer of midwifery care).

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Mazzara, Katheryn, Professional Member, Chairperson	12/30/2020
Simkins, Geradine, Professional Member, Vice-Chairperson	12/31/2019
Bobier, Patrice, Professional Member	12/31/2021
Duckett-Freeman, Claretta, Public Member	12/31/2021
Fisch, Deborah, Public Member	12/31/2019
Howell, Amanda, Professional Member	12/31/2023
Greydanus, Donald, MD	12/31/2021
Michele, Tami, DO	12/31/2019
Perkins, Connie, Professional Member	12/31/2020
Proefrock, Stacia, Professional Member	12/31/2020
Robinson, Heather, Professional Member	12/31/2020
White, Nicole, Professional Member	12/31/2019

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

June 27, 2017 (Disciplinary Subcommittee Meeting Cancelled)

September 26, 2017 (Disciplinary Subcommittee Meeting Cancelled)

## Michigan Board of Examiners in Mortuary Science

The Michigan Board of Examiners in Mortuary Science was originally formed with the enactment of Public Act 268 of 1949. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended.

Article 18 defines the practice of mortuary science as the practice of embalming or the practice of funeral directing, or both. A funeral establishment is defined as a place of business used in the care and preparation for burial or transportation of a dead human body or a place where a person represents that the person is engaged in the profession of undertaking or the practice of mortuary science.

The Michigan Board of Examiners in Mortuary Science consists of 9 voting members: 6 licensees and 3 public members.

### **Board Members as of 9/30/2017**

Wakeman, Rodney, Professional Member, Chairperson  
Ransford, Mark, Professional Member, Vice-Chairperson  
Barone, Kathleen, Professional Member  
Canale, Mark, Professional Member  
Chrzanowski, Thomas, Public Member  
Karelse, Ronald, Jr., Professional Member  
Linder, Stephen, Public Member  
Miller, Patrick, Public Member  
Ochalek, Mary, Professional Member

### **Term Expires**

6/30/2019  
6/30/2020  
6/30/2021  
6/30/2021  
6/30/2021  
6/30/2018  
6/30/2019  
6/30/2020  
6/30/2018

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

April 5, 2017

## Michigan Board of Nursing

The Michigan Board of Nursing was originally created with the enactment of the Nurse Practice Act, Public Act 319 of 1909; authority was transferred to the Nursing Practice Act of 1967 by Public Act 149 of 1967. On September 30, 1978, authority was again transferred to the Public Health Code, Public Act 368 of 1978, as amended. On April 9, 2017, the Public Health Code was amended by Public Act 499 of 2017, to add a clinical nurse specialist to the Board.

The Michigan Public Health Code defines the practice of nursing in Michigan and empowers the Board to establish qualifications for nurse licensure; to establish standards for education and approve nurse education programs; develop and implement criteria for assurance of continued competency; and take disciplinary action against licensees when the health, safety, and welfare of the public has been adversely affected.

The practice of nursing, as defined in the Public Health Code, means the systematic application of substantial specialized knowledge and skill, derived from the biological, physical, and behavioral sciences to the care, treatment, counsel, and health teaching of individuals who are experiencing changes in the normal health processes or who require assistance in the maintenance of health and the prevention or management of illness, injury, or disability.

The practice of nursing as a licensed practice nurse or LPN means the practice of nursing based on less comprehensive knowledge and skill than that required of a registered professional nurse and performed under the supervision of a registered professional nurse, physician, or dentist. The licensed practical nurse is a health profession subfield of the practice of nursing.

Registered professional nurse or RN means an individual licensed under Part 172 or Article 15 to engage in the practice of nursing which scope of practice includes the teaching, direction, and supervision of less skilled personnel in the performance of delegated nursing activities.

Advanced practice registered nurse, or APRN means a registered professional nurse who has been granted a specialty certification under Part 172 of Article 15 the health specialty field of nurse midwifery, nurse practitioner, or clinical nurse specialist.

The Board may grant a specialty certification to a registered professional nurse with advanced training, who demonstrates competency through examination or other evaluative process, in the health profession specialty fields of nurse midwifery, nurse anesthetist, nurse practitioner, and clinical nurse specialist.

The Michigan Board of Nursing consists of 24 members: 9 registered professional nurses, 1 nurse midwife, 1 nurse anesthetist, 1 nurse practitioner, 1 clinical nurse specialist, 3 licensed practical nurses, and 8 public members.

- Three of the registered professional nurses shall be engaged in nursing education, 1 of whom shall be in less than a baccalaureate program, 1 in a baccalaureate or higher program, and 1 in a licensed practical nurse program and each of whom shall have a master's degree from an accredited college with a major in nursing.
- Three of the registered professional nurse members shall be engaged in nursing practice or nursing administration, each of whom shall have a baccalaureate degree in nursing from an accredited college.

- Three of the registered professional nurse members shall be engaged in nursing practice or nursing administration, each of whom shall be a non-baccalaureate registered nurse.
- Three of the licensed practical nurse members shall have graduated from a state approved program for the preparation of individuals to practice as a licensed practical nurse.
- The nurse midwife, the nurse anesthetist, the nurse practitioner, and the clinical nurse specialist shall each have a specialty certification granted by the Michigan Board of Nursing in his or her respective specialty field.

**Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Meringa, Joshua, RN, Chairperson	6/30/2020
Basso, Ronald, JD, Public Member, Vice-Chairperson	6/30/2019
Ahrens, Kristin, NP, Professional Member	6/30/2021
Armstrong, Reginald, Public Member	6/30/2018
Bouchard-Wyant, Kathy, RN	6/30/2019
Chatman, Tatyana, PN,	6/30/2021
DeDecker-Vander Kolk, Mary, RN	6/30/2016
DeVries, Jill, LPN	6/30/2020
Egede-Nissen, Lars, Public Member	6/30/2018
Fenske, Cynthia, RN	6/30/2019
Glenn, Lori, CNM	6/30/2021
Harney, Patricia, Public Member	6/30/2019
Horton, Elizabeth, RN	6/30/2019
Hopper, Paula, RN	6/30/2019
Iseler, Jackeline, DNP, RN	6/30/2022
McDonald, Tiffany, RN	6/30/2021
O'Connor, Glenn, RN, CRNA	6/30/2021
Olson, Lawrence K., Public Member	6/30/2018
Sachs, Victoria, Public Member	6/30/2022
Thomas, Alana LPN	6/30/2020
Tobbe, Kristopher, Public Member	6/30/2018
Vendittelli, Deborah, MSN, RN, ANP-BC	6/30/2019
Vacancy, Professional Member, Nurse Practitioner	6/30/2017
Vacancy - Public member	6/30/2018

**Schedule of Board Meetings**

**Fiscal Year 2017**

- October 6, 2016 (Disciplinary Subcommittee Meeting Only)
- November 3, 2016
- December 1, 2016 (Disciplinary Subcommittee Meeting Only)
- January 12, 2017
- February 2, 2017 (Disciplinary Subcommittee Meeting Only)
- March 2, 2017
- April 6, 2017 (Disciplinary Subcommittee Meeting Only)
- May 4, 2017
- June 1, 2017
- July 6, 2017 (Disciplinary Subcommittee Meeting Only)
- August 3, 2017 (Disciplinary Subcommittee Meeting Only)
- September 7, 2017

## Michigan Board of Nursing Home Administrators

The authority for the Michigan Board of Nursing Home Administrators was transferred to the Public Health Code, Public Act 368 of 1978, as amended by Public Act 139 of 2001.

The practice of a nursing home administrator, as defined in the Public Health Code, means planning, organizing, directing, and controlling the total operation of the nursing home on behalf of the governing board or owner of a nursing home.

The Michigan Board of Nursing Home Administrators consists of 9 voting members: 6 nursing home administrators and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Kimbrough-Wozniak, Kimberly, NHA, Chairperson	6/30/2020
Ackerman, Ricky, NHA, Vice-Chairperson	6/30/2021
Barber, Paul, NHA	6/30/2018
Broughton, Jana, NHA	6/30/2019
Chatti, Margaret, BSN, NHA	6/30/2020
Dozeman, Kristine, Public Member	6/30/2020
Koffler, Ian, Public Member	6/30/2018
Staffileno Looby, Bridget, Public Member	6/30/2018
Vacancy, Professional Member (NHA)	6/30/2021

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

December 13, 2016  
March 7, 2017  
June 6, 2017  
September 5, 2017

## Michigan Board of Occupational Therapists

Michigan Board of Occupational Therapists, Public Act 473 of 1988, amended the Public Health Code, Public Act 368 of 1978, creating the Michigan Board of Occupational Therapists and the registration program for Occupational Therapists in Michigan. Public Act 523 of 2008 which was effective on January 13, 2009, changed the regulation of occupational therapists from registration to licensure.

The practice of Occupational Therapy, as defined in the Public Health Code, means the therapeutic use of everyday life occupations and occupational therapy services to aid individuals or groups to participate in meaningful roles and situations in the home, school, workplace, community, and other settings, to promote health and wellness through research and practice, and to serve those individuals or groups who have or are at risk for developing an illness injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. The practice of occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect a person's health, well-being, and quality of life throughout his or her life span.

The Michigan Board of Occupational Therapists consists of 9 voting members: 5 licensed occupational therapists and 4 public members, 1 of whom shall be a physician licensed under Part 170 or 175 of Article 15.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
King, Kelli, OTR, Chairperson	12/31/2020
Carlson, Nick, Public Member, Vice-Chairperson	12/31/2017
Colombo - Sesti, Jennifer, Public Member	12/31/2017
Kaiser, Lynn, OTR	12/31/2017
Pace, Kimberly, OTR	12/31/2018
Palmer, Valerie, Public Member	12/31/2017
Santos, Janet, OTR	12/31/2017
Windell, Deborah, OTR	12/31/2017
Vacancy – Licensed Physician	12/31/2019

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

November 17, 2015 (Disciplinary Subcommittee Meeting)

February 16, 2016 (Full Board Meeting and Disciplinary Subcommittee Meeting)

May 24, 2016 (Full Board Meeting Cancelled and Disciplinary Subcommittee Held)

August 23, 2016 (Full Board Meeting and Disciplinary Subcommittee Meeting)

## Michigan Board of Optometry

The authority for the Michigan Board of Optometry was transferred to the Public Health Code, Public Act 368 of 1978, as amended, on September 30, 1978.

The practice of Optometry includes the employment of objective or subjective means, including diagnostic pharmaceutical agents for the examination of the human eye for the purpose of ascertaining a departure from the normal, measuring of powers of vision, and adapting lenses for the aid of those powers.

The Board of Optometry consists of 9 voting members: 5 optometrists and 4 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Patera, Gregory, OD, Chairperson	6/30/2018
Kaminski, John, OD, Vice-Chairperson	6/30/2020
Doud, Sandra, OD	6/30/2018
Doyle, Melinda, Public Member	6/30/2018
Kile, Sarah, Public Member	6/30/2019
Peterson-Klein, Nancy, OD	6/30/2020
Powers, Carl, OD	6/30/2020
Tech II, Kurt, Public Member	6/30/2018
Vacancy - Public Member	6/30/2019

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

November 15, 2016 (Disciplinary Subcommittee Meeting Cancelled)

February 22, 2017 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

March 22, 2017

May 24, 2017 (Disciplinary Subcommittee Meeting Cancelled)

August 23, 2017 (Disciplinary Subcommittee Meeting Cancelled)

## Michigan Board of Osteopathic Medicine and Surgery

The Michigan Board of Osteopathic Medicine and Surgery was originally formed with the enactment of Public Act 162 of 1903. This Act regulated the practice of osteopathic medicine and surgery in the State of Michigan; provided for the examination and licensing of osteopathic physicians and surgeons; and provided for the discipline of offenders against the Act. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of osteopathic medicine and surgery, as defined in the Public Health Code, means a separate, complete, and independent school of medicine and surgery utilizing full methods of diagnosis and treatment in physical and mental health and disease, including the prescription and administration of drugs and biologicals, operative surgery, obstetrics, radiological and other electromagnetic emissions, and placing special emphasis on the interrelationship of the musculoskeletal system to other body systems.

The Michigan Board of Osteopathic Medicine and Surgery consists of 11 voting members: 7 osteopathic physicians, 1 physician's assistant, and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Walters, David, DO, MHSA, Chairperson	12/31/2018
Kudray, Kathleen, DO, Vice-Chairperson	12/31/2018
Bradley, Ronald, DO	12/31/2018
Cory Behler, Jennifer, DO	12/31/2018
Ebben, Steve, Public Member	12/31/2017
Kilmark, James, PA-C	12/31/2019
Parrett, Diane, DO	12/31/2017
Thompson, Sheryl, Public Member	12/31/2020
Waterson, David C., DO	12/31/2018
Vacancy, Professional Member	12/31/2018
Vacancy, Public Member	12/31/2018

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

October 6, 2016  
December 1, 2016  
February 2, 2017  
April 6, 2017  
June 1, 2017  
August 3, 2017 (Full Board Meeting Cancelled)

## Personnel Agency Licensure

The Michigan Board of Personnel Agencies was originally formed with the enactment of Public Act 301 of 1974. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended. By executive Order No. 2007-22, the Board of Personnel Agencies was abolished effective July 15, 2007. The licensure of individuals continues unimpeded.

Article 10 defines personnel agency as a type A personnel agency or a type B personnel agency, or both. Type A personnel agency is defined as a person who is engaged in the business or profession of serving, assisting, or in any way aiding a client seeking employment or making basic career decisions, who puts a client in direct contact with employers, and who receives a fee from the client for the services rendered or offered to be rendered. Type B personnel agency is defined as a person who is engaged in the business or profession of serving, assisting, or in any way aiding or consulting with a client to make basic career decisions and who receives a fee from the client for the services rendered or offered to be rendered.

## Michigan Board of Pharmacy

The Michigan Board of Pharmacy was originally formed with the enactment of Public Act 134 of 1885. On March 28, 1963, the authority of the Board to regulate the practice of pharmacy and prescribe penalties for violations of the act, was transferred to Public Act 151 of 1962. On September 30, 1978, authority was transferred to the Public Health Code by Public Act 368 of 1978, as amended.

The Public Health Code defines the practice of pharmacy as a health service, the clinical application of which includes the encouragement of safety and efficacy in the prescribing, dispensing, administering and use of drugs and related articles for the prevention of illness and the maintenance and management of health. The practice of pharmacy includes the direct or indirect provision of professional functions and services associated with the practice of pharmacy.

The professional functions associated with the practice of pharmacy include: the interpretation and evaluation of prescriptions; drug product selection; compounding, dispensing, safe storage, and distribution of drugs and devices; maintenance of legally required records; advising the prescriber and the patient as required regarding contents, therapeutic action, utilization, and possible adverse reactions and interactions of drugs.

The Public Health Code, by Section 17722, grants authority to the Board of Pharmacy to: regulate, control, and inspect the character and standards of pharmacy practice and of drugs and devices manufactured, distributed, prescribed, dispensed, administered, or issued in this state and procure samples, and limit or prevent the sale of drugs and devices that do not comply with Part 177; prescribe minimum criteria for the use of professional and technical equipment in reference to the compounding and dispensing of drugs and devices; grant a pharmacy license for each separate place of practice of compounding or dispensing of prescription drugs and devices; grant a drug control license for the place of practice for a dispensing prescriber who meets the requirements for a drug control license; and grant licenses to a manufacturer and wholesale distributor. The Board also has the obligation to discipline licensees who have adversely affected the public's health, safety, and welfare, schedule substances, and review pilot projects.

On September 24, 2014, Public Act 285 of 2014, amended the Public Health Code to provide for the licensure of pharmacy technicians. The Public Health Code defines a pharmacy technician as an individual who is required to hold a health profession subfield license under Part 177 to serve as a pharmacy technician. The practice as a pharmacy technician includes: assisting in the dispensing process; handling the transfer of prescriptions that are not controlled substances; compounding drugs; preparing or mixing intravenous drugs for injection into human patients; contacting prescribers concerning prescription drug order clarification; receiving verbal orders for prescription drugs that are not controlled substances; and performing other functions authorized under rules promulgated by the department in consultation with the board.

The Michigan Board of Pharmacy consists of 11 voting members: 6 pharmacists, 1 pharmacy technician, and 4 public members.

### **Board Members as of 9/30/2017**

Cover (Penny), Nichole, RPh, Chairperson  
Burgess, Kathleen, Public Member, Vice Chairperson  
Boston, Cynthia, BHS, R.PhT.  
Fakih, Nabil, RPh  
Hills, David, Public Member

### **Term Expires**

6/30/2019  
6/30/2018  
6/30/2018  
6/30/2018  
6/30/2019

Keim (Smeelink), Patricia, RPh	6/30/2019
Moy-Sandusky, Suit Hing, RPh	6/30/2019
Pawlicki, Kathleen, MS, FASHP	6/30/2021
Pignataro, Jonathan, Public Member	6/30/2018
Stevenson, James, RPh, PharmD	6/30/2020
Victor, Mary Ann, Public Member	6/30/2021

**Schedule of Board Meetings**

**Fiscal Year 2017**

October 12, 2016  
December 7, 2016  
February 8, 2017  
April 12, 2017  
June 14, 2017  
August 9, 2017

## Michigan Board of Physical Therapy

The Michigan Board of Physical Therapy was originally formed with the enactment of Public Act 164 of 1965. On September 30, 1978, authority was transferred to the Public Health Code by Public Act 368 of 1978, as amended.

The practice of physical therapy, as defined in the Public Health Code, means the evaluation of, education of, consultation with, or treatment of an individual by the employment of effective properties of physical measures and the use of therapeutic exercises and rehabilitative procedures, with or without assistive devices, for the purpose of preventing, correcting, or alleviating a physical or mental disability. Physical therapy includes treatment planning, performance of tests and measurements, interpretation of referrals, initiation of referrals, instruction, consultative services, and supervision of personnel. Physical measures include massage, mobilization, heat, cold, air, light, water, electricity, and sound. Practice of physical therapy does not include the identification of underlying medical problems or etiologies, establishment of medical diagnoses, or the prescribing of treatment.

Public Act 55 of 2009 amended the Public Health Code to include the licensing of the physical therapist assistant. The physical therapist assistant is an individual with a health profession subfield license under this part who assists a physical therapist in physical therapy intervention.

The practice of the physical therapist assistant is defined as the practice of physical therapy performed under the supervision of a physical therapist licensed under this part.

Additionally, it modified the composition of the board to 11 voting members: 6 physical therapists, 1 physical therapist assistant, and 4 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Gilbert, Brian, PT, MSPT, OCS, Chairperson	12/31/2019
Middha, Ajay, PT, DPT, Vice-Chairperson	12/31/2019
McAllister, Sarah, PT, CSCS	12/31/2017
McFadden, PT, MSPT, OMPT	12/31/2020
Minter, Linda, Public Member	12/31/2017
Munford, Jeff, Public Member	12/31/2017
Poronto, John, Public Member	12/31/2017
Przystas, Renee, PT, DPT, FAFS	12/31/2017
Simmons, Barbara, PTA	12/31/2018
Swain, Adam, PT	12/31/2017
Whitney, Terry, Public Member	12/31/2019

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

November 1, 2016

January 10, 2017

April 11, 2017

July 11, 2017

## Michigan Joint Task Force on Physician's Assistants

The Committee on Physician's Assistants was formed with the enactment of Public Act 420 of 1976, signed by the Governor on January 9, 1977. The Act regulated the practice of physician's assistants in the State of Michigan, providing a system to determine and approve the qualifications of physician's assistants, creating a committee on physician's assistants, prescribing its powers and duties, and prescribing penalties. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended and became the Joint Task Force on Physician's Assistants.

The practice of a physician's assistant, as defined in the Public Health Code, means the practice of medicine, osteopathic medicine and surgery, or podiatric medicine and surgery with a participating physician under a practice agreement.

The Joint Task Force on Physician's Assistants of 2009 consisted of 11 voting members: 5 physician's assistants, a physician representative of the Boards of Medicine, Osteopathic Medicine and Surgery and Podiatric Medicine and Surgery and 3 public members.

In May 2010, Public Act 79 passed which increased the board composition to 13 members: 7 physician's assistants, 1 member each from the Board of Medicine, Board of Osteopathic Medicine and Surgery, and the Board of Podiatric Medicine and Surgery who hold a license other than a health profession subfield license, and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Eddy, Joan, PA-C, Chairperson	12/31/2018
Range, CaShawnda, PA-C, Vice-Chairperson	12/31/2018
Anton-Athens, Vicki, DPM (Podiatry)	12/31/2017
Basso, Sara, JD, Public Member	12/31/2019
Davis, Lara, PA-C	12/31/2019
Dietrich, Megan, PA-C	12/31/2019
Dobritt, Dennis, DO (Osteopathic)	12/31/2017
Gnodtke, Pamela, Public Member	12/31/2017
Komejan, Maryam, Public Member	12/31/2019
Laham, Susan, PA-C	12/31/2017
Palazzolo, William, PA-C	12/31/2019
Rogers, James D., MD (Medicine)	12/31/2019
Vacancy - Professional Member Physician's Assistant	12/31/2018

### **Schedule of Joint Task Force Meetings**

#### **Fiscal Year 2017**

October 25, 2016

January 31, 2017

April 25, 2017 (Full Board Meeting and Disciplinary Subcommittee Meetings Cancelled)

July 25, 2017

## Michigan Board of Podiatric Medicine and Surgery

The authority for the Michigan Board of Podiatric Medicine and Surgery was transferred to the Public Health Code, Public Act 368 of 1978, as amended, on September 30, 1978.

The practice of podiatric medicine and surgery, as defined in the Public Health Code, means the examination, diagnosis, and treatment of abnormal nails, superficial excrescences occurring on the human hands and feet, including corns, warts, callosities, and bunions, and arch troubles or the treatment medically, surgically, mechanically, or by physiotherapy of ailments of human feet or ankles as they affect the condition of the feet.

The Michigan Board of Podiatric Medicine and Surgery consists of 9 voting members: 5 podiatrists, 1 physician's assistant, and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Kreitman, Kevan, DPM, Chairperson	6/30/2019
Meyer, Jay, DPM, Vice-Chairperson	6/30/2018
Anton-Athens, Vicki, DPM	6/30/2021
Farrehi, Cyrus, Public Member	6/30/2019
Husain, Zeeshan, DPM	6/30/2018
Kaufman, Amy, PA	6/30/2019
Tallman, Nathan, Public Member	6/30/2018
Vacancy, Professional Member	6/30/2021
Vacancy, Public Member	6/30/2021

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

October 26, 2016 (Disciplinary Subcommittee Meeting Cancelled)  
January 25, 2017  
April 19, 2017  
July 26, 2017

## Michigan Board of Professional Engineers

The Michigan Board of Professional Engineers was originally formed with the enactment of Public Act 240 of 1937. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended.

Article 20 defines professional engineering as professional services, such as consultation, investigation, evaluation, planning, design, or review of material and completed phases of work in construction, alteration, or repair in connection with a public or private utility, structure, building, machine, equipment, process, work, or project, if the professional service requires the application of engineering principles or data.

The Michigan Board of Professional Engineers consists of 9 voting members: 5 professional engineers (professional members), 1 architect who is a member of the Board of Architects, 1 professional surveyor who is a member of the Board of Professional Surveyors, and 2 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Fedele, Kelly, PE, PS, Professional Member, Chairperson (Engineer)	3/31/2021
Fobes, Lori, PE, Professional Member, Vice-Chairperson	3/31/2021
Acciavatti, Daniel, Public Member	3/31/2021
Barry, Patrick, Architect	3/31/2021
Drewyor, Michael, PE, PS, Professional Member (Surveyor)	3/31/2020
Hookham, Charles, PE, Professional Member	3/31/2018
Junior, Cary, Public Member	3/31/2018
Naperala, Troy, PE, Professional Member	3/31/2019
Stevens, James, PE, Professional Member	3/31/2020

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

January 12, 2017

May 10, 2017 (Full Board Meeting and Joint Design Board Meeting)

September 21, 2017

## Michigan Board of Professional Surveyors

The Michigan Board of Professional Surveyors was originally formed with the enactment of Public Act 240 of 1937. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended.

Article 20 defines practice of professional surveying as providing professional services such as consultation, investigation, testimony, evaluation, planning, mapping, assembling, and interpreting reliable scientific measurements and information relative to the location, size, shape, or physical features of the earth, improvements on the earth, the space above the earth, or any part of the earth, and the utilization and development of these facts and interpretations into an orderly survey map, plan, report, description, or project. The practice of professional surveying includes all of the following:

- i. Land surveying that is the surveying of an area for its correct determination or description for its conveyance, or for the establishment or reestablishment of a land boundary and the designing or design coordination of the plotting of land and the subdivision of land.
- ii. Geodetic surveying that includes surveying for determination of the size and shape of the earth both horizontally and vertically and the precise positioning of points on the earth utilizing angular and linear measurements through spatially oriented spherical geometry.
- iii. Utilizing and managing land information systems through establishment of datums and local coordinate systems and points of reference.
- iv. Engineering and architectural surveying for design and construction layout of infrastructure.
- v. Cartographic surveying for making maps, including topographic and hydrographic mapping.

The Michigan Board of Professional Surveyors consists of 9 voting members: 5 professional surveyors, 1 professional engineer who is a member of the Board of Professional Engineers, 1 architect who is a member of the Board of Architects, and 2 public members.

### **Board Members as of 9/30/2017**

### **Term Expires**

Drewyor, Michael, PE, PS, Professional Member, Chairperson (Engineer)	3/31/2020
Michalski-Wallace, PS, Ginger, Professional Member, Vice-Chairperson	3/31/2020
Barish, Gilbert, PS, Professional Member	3/31/2021
Bartlett, Jeff, PS, Professional Member	3/31/2021
Brand, Ronald, PS, Professional Member	3/31/2019
Darin, Nickolas, Public Member	3/31/2021
Gravlin, Steven, PS, Professional Member	3/31/2018
hertrich, Jeffrey, Public Member	3/31/2018
Van Tine, Kenneth, Architect, Professional Member	3/31/2019

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

January 11, 2017

May 10, 2017 (Full Board Meeting and Joint Design Board Meeting)

September 20, 2017

## Michigan Board of Psychology

The regulation of psychologists was initially started as a certification by the superintendent of public instruction under the provisions of Public Act 257 of 1959. On September 30, 1978, the certification process was transferred to the Public Health Code, Public Act 368 of 1978, as amended and the Board of Psychology was created.

The Public Health Code defines the practice of psychology as the rendering to individuals, groups, organizations, or the public of services involving the application of principles, methods, and procedures of understanding, predicting, and influencing behavior for the purposes of the diagnosis, assessment related to diagnosis, prevention, amelioration, or treatment of mental or emotional disorders, disabilities or behavioral adjustment problems by means of psychotherapy, counseling, behavior modification, hypnosis, biofeedback techniques, psychological tests, or other verbal or behavioral means. The practice of psychology shall not include the practice of medicine such as prescribing drugs, performing surgery, or administering electro-convulsive therapy.

Michigan Board of Psychology consists of 9 voting members: 5 psychologists (including at least 1 nondoctoral psychologist), and 4 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Ozkan, Eric, PhD, Chairperson	12/31/2019
Shebroe, Valerie, Vice-Chairperson	12/31/2019
Agnew, Valencia, PhD, LLP	12/31/2019
Connelly, Michael, Public Member	12/31/2019
Eckenwiler, Sarah, Public Member	12/31/2021
Fernandes, Mindy, Public Member	12/31/2018
Kayes, Dennis, JD, Public Member	12/31/2018
Majcher, Gail, PhD	12/31/2020
Van Wormer, Sara, MA, LLP	12/31/2020

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

December 15, 2016  
March 23, 2017  
June 22, 2017  
September 14, 2017

## Michigan Board of Real Estate Appraisers

The Michigan Board of Real Estate Appraisers was formed with the enactment of Public Act 269 of 1990, which amended Article 26 of the Occupational Code, PA 299 of 1980. Article 26 authorizes the licensing and regulation of real estate appraisers in Michigan. This law was enacted as the result of federal legislation, Title XI of the Financial Institutions Reform, Recovery and Enforcement Act of 1989, which required states to license real estate appraisers.

Article 26 defines a real estate appraiser as an individual engaged in or offering to engage in the development and communication of appraisals or real property. An appraisal is defined as an opinion, conclusion, or analysis relating to the value of real property.

The Michigan Board of Real Estate Appraisers consists of 9 voting members: 6 professional members and 3 public members. Of those board members who are appraisers, 3 shall be certified general real estate appraisers, 1 shall be a certified residential real estate appraiser, and 2 shall be either state licensed real estate appraisers or additional certified residential real estate appraisers. At least 1 of those appraisers may be employed by a state or nationally chartered bank, a state or federally chartered savings and loan or savings bank, a state or federally chartered credit union, an entity of the federally chartered farm credit system, or an entity regulated under the Mortgage Brokers, Lenders, and Servicers Licensing Act, 1987 PA 173, MCL 445.1651 to 445.1684.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Worthams, David, Public Member, Chairperson	6/30/2021
Hartman, James T, Professional Member, Vice-Chairperson	6/30/2018
Denkins, Delbert, Professional Member	6/30/2020
Jenkins, Mark, Professional Member	6/30/2021
Kozubal, Kristi, Public Member	6/30/2018
Mausolf, Maureen E, Professional Member	6/30/2018
Wagar, Martin, Professional Member	6/30/2020
Wheeler, Ronald, Professional Member	6/30/2021
Vacancy - Public Member	6/30/2020

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

November 15, 2016

March 21, 2017

June 20, 2017 (Full Board Cancelled)

September 19, 2017

## Michigan Board of Real Estate Brokers and Salespersons

The authority for the Michigan Board of Real Estate Brokers and Salespersons was transferred to the Occupational Code, Public Act 299 of 1980, as amended, on October 21, 1980.

Article 25 defines real estate broker as an individual, sole proprietorship, partnership, association, corporation, common law trust, or a combination of those entities who with intent to collect or receive a fee, compensation, or valuable consideration, sells or offers for sale, buys or offers to buy, provides or offers to provide market analyses, lists or offers or attempts to list, or negotiates the purchase or sale or exchange or mortgage of real estate, or negotiates for the construction of a building on real estate; who leases or offers or rents or offers for rent real estate or the improvements on the real estate for others, as a whole or partial vocation; who engages in property management as a whole or partial vocation; who sells or offers for sale, buys or offers to buy, leases or offers to lease, or negotiates the purchase or sale or exchange of a business, business opportunity, or the goodwill of an existing business for others; or who, as owner or otherwise, engages in the sale of real estate as a principal vocation.

Real estate salesperson is defined in Article 25 as a person who, for compensation or valuable consideration, is employed either directly or indirectly by a licensed real estate broker to sell or offer to sell, to buy or offer to buy, to provide or offer to provide market analyses, to list or offer or attempt to list, or to negotiate the purchase or sale or exchange or mortgage of real estate, or to negotiate for the construction of a building on real estate, or to lease or offer to lease, rent or offer for rent real estate, who is employed by a real estate broker to engage in property management, or who sells or offers for sale, buys or offers to buy, leases or offers to lease, or negotiates the purchase or sale or exchange of a business, business opportunity, or the goodwill of an existing business for others, as a whole or partial vocation.

The Michigan Board of Real Estate Brokers and Salespersons consists of 9 voting members: 6 real estate licensees and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Davis, Matthew, Professional Member, Chairperson	6/30/2019
Craig, Robert, Public Member, Vice- Chairperson	6/30/2020
Daniels, Allan, Professional Member	6/30/2020
Dean, Patrick, Public Member	6/30/2021
Greenwood, Karen, Professional Member	6/30/2018
Lance, James, Public Member	6/30/2019
Sterk, Samuel, Professional Member	6/30/2018
Storch-Lipintz, Professional Member	6/30/2021
Zupko, Ronald, Professional Member	6/30/2021

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

December 5, 2016

February 13, 2017

May 8, 2017

August 14, 2014

## Michigan Board of Residential Builders and Maintenance and Alteration Contractors

The Michigan Board of Residential Builders and Maintenance and Alteration Contractors was originally formed with the enactment of Public Act 383 of 1965. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended.

Article 24 defines residential builder as a person engaged in the construction of a residential structure or a combination residential and commercial structure who, for a fixed sum, price, fee, percentage, valuable consideration, or other compensation, other than wages for personal labor only, undertakes with another or offers to undertake or purports to have the capacity to undertake with another for the erection, construction, replacement, repair, alteration, or an addition to, subtraction from, improvement, wrecking of, or demolition of, a residential structure or combination residential and commercial structure; a person who manufactures, assembles, constructs, deals in, or distributes a residential or combination residential and commercial structure which is prefabricated, preassembled, precut, packaged, or shell housing; or a person who erects a residential structure or combination residential and commercial structure except for the person's own use and occupancy on the person's property.

Residential maintenance and alteration contractor is defined in Article 24 as a person who, for a fixed sum, price, fee, percentage, valuable consideration, or other compensation, other than wages for personal labor only, undertakes with another for the repair, alteration, or an addition to, subtraction from, improvement of, wrecking of, or demolition of a residential structure or combination residential and commercial structure, or building of a garage, or laying of concrete on residential property, or who engages in the purchase, substantial rehabilitation or improvement, and resale of a residential structure, engaging in that activity on the same structure more than twice in 1 calendar year, except in the following instances: a) If the work is for the person's own use and occupancy; b) If the rehabilitation or improvement work of residential type property or a structure is contracted for, with, or hired entirely to be done and performed for the owner by a person licensed under this article; c) If work is performed by a person employed by the owner to perform work for which the person is licensed by the state.

The Michigan Board of Residential Builders and Maintenance and Alteration Contractors consists of 9 voting members: 4 builders, 2 contractors and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Browne, Jr, Sidney, Public Member, Chairperson	3/31/2020
Kelly, John, Professional Member, Vice-Chairperson	3/31/2020
Adcock, William, Professional Member	3/31/2018
Calverley, Kenneth, Professional Member	3/31/2021
Laackman, Bradley, Public Member	3/31/2019
MacGuidwin, Stephen Public Member	3/31/2020
Powell, Greg, Professional Member	3/31/2019
Donius, Jeffrey, Professional Member	3/30/2020
Wahl, Mark, Professional Member	3/31/2021

**Schedule of Board Meetings**  
**Fiscal Year 2017**

December 8, 2016 (Cancelled)

January 26, 2017

March 14, 2017

June 13, 2017

September 12, 2017

## Michigan Board of Respiratory Care

The Michigan Board of Respiratory Care was created with the enactment of Public Act 3 of 2004, which amended the Public Health Code, Public Act 368 of 1978.

The practice of respiratory care, as defined in the Public Health Code, means the provision of respiratory care services which may be provided by an inpatient or outpatient service or department within a health facility, by a home care agency or durable medical equipment company, or by an educational program. Respiratory care services, as defined in the Public Health Code, means preventative services, diagnostic services, therapeutic services, and rehabilitative services under the written, verbal, or telecommunicated order of a physician to an individual with a disorder, disease, or abnormality of the cardiopulmonary system as diagnosed by a physician. Respiratory care services involve, but are not limited to, observing, assessing, and monitoring signs and symptoms, reactions, general behavior, and general physical response of individuals to respiratory care services, including determination of whether those signs, symptoms, reactions, behaviors, or general physical response exhibit abnormal characteristics; the administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care services; the collection of blood specimens and other bodily fluids and tissues for, and the performance of, cardiopulmonary diagnostic testing procedures including, but not limited to, blood gas analysis; development, implementation, and modification of respiratory care treatment plans based on assessed abnormalities of the cardiopulmonary system, respiratory care protocols, clinical pathways, referrals, and written, verbal, or telecommunicated orders of a physician; application, operation, and management of mechanical ventilatory support and other means of life support; and the initiation of emergency procedures under the rules promulgated by the board.

The Michigan Board of Respiratory Care in 2009 consisted of 4 respiratory therapists, 1 medical director and 2 public members.

In May 2010, Public Act 79 passed which increased the board composition to 11 members: 7 respiratory therapists, 1 medical director, and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Bainbridge, Jeremy, LRT, RRT, Chairperson	12/31/2020
Weirauch, Andrew, BSRT, RRT-ACCS, Vice-Chairperson	12/31/2018
Cherwinski, Beverly, Public Member	12/31/2018
Erinjeri, Veena, MBA, LRT, RRT, CPFT	12/31/2018
Glasser, Elizabeth, MSHS, RRT	12/31/2019
Heydenburg, Shari, LRT, RRT	12/31/2018
Sherburn, Cheryl, LRT, RRT	12/31/2017
Vono, Jonathan RRT	12/31/2017
Vacancy, Medical Director, Professional Member	12/31/2019
Vacancy – Public Member	12/31/2020
Vacancy - Public Member	12/31/2019

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

November 4, 2016

February 3, 2017

May 5, 2017

August 4, 2017 (Full Board Meeting Cancelled)

## Michigan Sanitarian Registration

The Michigan Board of Sanitarians was originally formed with the enactment of Public Act 147 of 1963. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended. Executive Order No. 1996-2, effective May 15, 1996, transferred all statutory authority, powers, duties, functions and responsibilities of the Board of Sanitarians under Part 184 of the Public Health Code, being Sections 333.18401 et seq. of the Michigan Compiled Laws, from the Department of Commerce to the Director of the Department of Consumer & Industry Services by a Type III transfer as defined by Section 3 of Act No. 380 of the Public Acts of 1965, as amended, being Section 16.103 of the Michigan Compiled Laws. Effective January 1, 2004, Executive Order No. 2003-18 transferred, by a Type II transfer, any authority, powers, duties, functions and responsibilities for programs or functions within the Department of Consumer & Industry Services, within the former Bureau of Health Professions, to the Director of the Department of Community Health.

Public Act 308 of 2004, effective January 1, 2004, created a seven-member advisory committee whose purpose is to make recommendations to the Department relative to qualifications for registration, establishment of education and training standards and actions regarding disciplinary proceedings. Underlying all duties is the responsibility of the Department to promote and protect the public's health, safety, and welfare.

Sanitarian means an individual who has specialized education and experience in the physical, biological, and sanitary sciences as applied to the educational, investigational, and technical duties in the field of environmental health.

By Executive Order 2009-12, the Sanitarian Advisory Committee was abolished effective May 17, 2009. The registration of individuals continues unimpeded.

## Michigan Board of Social Work

The authority for the Michigan Board of Examiners of Social Work was originally formed with Public Act 352 of 1972. On October 21, 1980, the authority of the Board was transferred to the Public Health Code, Public Act 368 of 1978, as amended, by Public Act 11 of 2000.

The practice of social work at the bachelor's level, as applied within the scope of social work values, ethics, principles and skills, means the following: the application of social work theory, knowledge, methods and ethics; social work case management and casework; helping communities, organizations, individuals, or groups improve their social or health services by utilizing social work practice skills; and the administration of assessment checklists that do not require special training and that do not require interpretation.

The practice of social work at the master's level, as applied within the scope of social work values, ethics, principles, and skills, means the following: advanced application of macro social work processes and systems; the advanced application of specialized clinical knowledge; and advanced clinical skills and the advanced application of the knowledge of human development and behavior and social, economic, and cultural institutions.

The Michigan Board of Social Work consists of 9 voting members: 6 individuals engaged primarily in the practice of social work and 3 public members.

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Philson, Brian, LMSW, Chairperson	12/31/2020
Mazur, Kenneth, MSW, Vice-Chairperson	12/31/2017
Fiorillo, Michael, MSW	12/31/2017
Manela, Pamela, LMSW	12/31/2018
Milburn, Marc, Public Member	12/31/2020
Muscat, Tracy, Public Member	12/31/2017
Ovink, Shelley, LMSW	12/31/2019
Risk, Brittany, LMSW	12/31/2019
Squires, Constance, Public Member	12/31/2018

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

November 29, 2016

January 24, 2017

March 28, 2017 (Full Board Meeting Cancelled)

May 23, 2017

July 18, 2017

September 27, 2017

## Michigan Board of Speech-Language Pathology

The Michigan Board of Speech-Language Pathology was created with the enactment of Public Act 524 of 2008, which amended the Public Health Code, Public Act 368 of 1978.

The practice of speech-language pathology, as defined in the Public Health Code, means the application of principles, methods, and procedures related to the development of disorders of human communication including the following:

- i. Identifying by history or nonmedical physical examination, assessing, treating with therapy, rehabilitating, and preventing disorders of speech, voice, and language.
- ii. Identifying by history or nonmedical physical examination, assessing, treating with therapy, rehabilitating, and preventing disorders of oral-pharyngeal function and disorders related to swallowing dysfunction.
- iii. Identifying by history or nonmedical physical examination, assessing, treating with therapy, rehabilitating, and preventing cognitive-communicative disorders.
- iv. Assessing, selecting, and developing augmentative and alternative communication systems and providing training in their use.
- v. Providing speech-language treatment or therapy and related counseling services to deaf, deafblind, and hard of hearing persons and their families.
- vi. Enhancing speech-language proficiency and communication effectiveness.
- vii. Screening of hearing for the purpose of speech-language assessment provided that judgments and descriptive statements about results of that screening are limited to pass-fail determinations.

The Michigan Board of Speech-Language Pathology consists of 11 voting members: 6 speech-language pathologists (at least 1 of whom represents each professional areas described in MCL 333.17609), 3 public members, and 2 physicians (1 of whom is a board-certified otolaryngologist).

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
Swartz, Bradford, PhD, CCC-SLP, Chairperson	12/31/2019
Austin, Brit, MA, CCC-SLP, Vice-Chairperson	12/31/2018
Best, Janelle, Public Member	12/31/2017
Clement, Sarah, SLP	12/31/2017
Cohen, Jodi, CCC-SLP	12/31/2018
Mervenne, Patrisha, MS, CCC-SLP	12/31/2020
Mills, Christopher, Public Member	12/31/2019
Weingarten, Jeffrey, MD	12/31/2017
Vacancy – Professional Member, SLP	12/31/2019
Vacancy, Public Member	12/31/2020

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

- November 1, 2016 (Full Board Disciplinary Subcommittee Meetings Cancelled)
- February 2, 2017 (Full Board Meeting and Disciplinary Subcommittee Meetings Cancelled)
- May 2, 2017 (Disciplinary Subcommittee Meeting Cancelled)
- August 1, 2017 (Full Board and Disciplinary Subcommittee Meetings Cancelled)

## Michigan Board of Veterinary Medicine

The authority for the Michigan Board of Veterinary Medicine was transferred to the Public Health Code, Public Act 368 of 1978, as amended, on September 30, 1978.

The practice of veterinary medicine, as defined in the Public Health Code, means prescribing or administering a drug, medicine, treatment or method of procedure; performing an operation or manipulation; applying an apparatus or appliance; or giving an instruction or demonstration designed to alter an animal from its normal condition; curing, ameliorating, correcting, reducing, or modifying a disease, deformity, defect, wound, or injury in or to an animal; diagnosing or prognosing, or both, a disease, deformity or defect in an animal by a test, procedure, manipulation, technique, autopsy, biopsy, or other examination.

The Public Health Code, Public Act 368 of 1978, defines the practice of a veterinary technician as being a health profession subfield of the practice of veterinary medicine that includes the practice of veterinary medicine based on a less comprehensive knowledge and skill than that required of a veterinarian and performed under supervision of a veterinarian.

The Michigan Board of Veterinary Medicine consists of 9 voting members: 5 veterinarians, 1 veterinary technician, and 3 public members. (The Chief of the Animal Health Division of the Department of Agriculture is an *ex officio* member without a vote).

### **Board Members as of 9/30/2017**

	<b><u>Term Expires</u></b>
McNally, Dwight, DVM, Chairperson	12/31/2017
Hicswa, Amy, DVM, Vice-Chairperson	12/31/2018
Averill, James, DVM (Ex-Officio Member)	No Specific Term
Bell, Michael, Public Member	12/31/2017
Levine, Peter, Public Member	12/31/2017
Nyberg, Tracy, DVM	12/31/2020
Rice, Anne, DVM	12/31/2018
Tear, Marianne, MS, LVT	12/31/2020
Thorp-Stout – Colleen, DVM	12/31/2018
Werth, Renee, Public Member	12/31/2019

### **Schedule of Board Meetings**

#### **Fiscal Year 2017**

December 14, 2016

March 30, 2017

June 29, 2017

September 28, 2017 (Full Board Meeting Cancelled)

## Michigan Health Professional Recovery Committee

The Health Professional Recovery Committee (HPRC) was created by Public Act 80 of 1993, which became effective April 1, 1994. Section 333.16167 describes the Committee's duties as follows: Sec. 16167. The committee shall do all the following: (a) Establish the general components of the health professional recovery program and a mechanism for monitoring health professionals who may be impaired. (b) Subject to sections 16169 and 16170 and in conjunction with the health professional recovery program consultants described in section 16168, develop, and implement criteria for the identification, assessment, and treatment of health professionals who may be impaired. (c) In conjunction with the health professional recovery program consultants described in section 16168, develop, and implement mechanisms for the evaluation of continuing care or aftercare plans for health professionals who may be impaired. (d) Develop a mechanism and criteria for the referral of a health professional who may be impaired to a professional association when appropriate for the purpose of providing assistance to the health professional. In developing criteria under this subdivision, the committee shall require that a referral be made only with the consent of the health professional. (e) Annually report to each board and the physician's assistants task force created under this article on the status of the health professional recovery program.

The committee shall include in the report, at a minimum, statistical information on the level of participation in the program of each health profession. The committee may include in the report recommendations for changes in the health professional recovery program and for participation by the boards and the physician's assistants task force, professional associations, substance abuse treatment and prevention programs, and other appropriate agencies.

In accordance with Section 333.16165 of the Public Health Code, the health profession boards appoint members in consultation with appropriate professional associations. The Director shall appoint the public members.

### **Member Appointed By:**

### **Term Expires**

Board of Acupuncture	Lincoln, Deborah, RN	12/31/2017
Board of Athletic Trainers	Schmidt, Paul, AT	12/31/2017
Board of Audiology	Vacancy	12/31/2018
Board of Behavior Analysts	Vacancy	12/31/2019
Board of Chiropractic	Vacancy	12/31/2018
Board of Counseling	Lee-Parker, Tiffany, LPC	12/31/2018
Board of Dentistry	Lewis, Joan, DDS	12/31/2017
Board of Licensed Midwifery	Vacancy	12/31/2017
Board of Marriage & Family Therapy	Vacancy	12/31/2018
Board of Massage Therapy	Vacancy	12/31/2018
Board of Medicine	McCabe, Vita, MD	12/31/2017
Board of Nursing	Votruba, Lisbeth, MSN	12/31/2018
Board of Nursing Home Administrators	Vacancy	12/31/2018
Board of Occupational Therapy	Bayci, Angeline, OT	12/31/2020
Board of Optometry	Doyle, Thomas, OD	12/31/2018
Board of Osteopathic Medicine & Surgery	Morrone, William, DO	12/31/2017
Board of Pharmacy	Gray, Sandra, RPH	12/31/2017
Board of Physical Therapy	Zipple, Tim, PT	12/31/2018
Board of Podiatric Medicine & Surgery	Hughes, Scott, DPM	12/31/2018
Board of Psychology	Pozner, Jay B., PhD	12/31/2017
Board of Respiratory Care	Haas, Karl, RT	12/31/2018

Board of Social Work	Monroe, Timothy, LMSW	12/31/2018
Board of Speech-Language Pathology	Bahlke, Laurie, M.A., CCC-SLP	12/31/2018
Board of Veterinary Medicine	Donahue, Katherine, D.V.M.	12/31/2017
Task Force on Physician's Assistants	Stavale, Ron, PA	12/31/2018
Public Member	Vacancy	12/31/2019
Public Member	Vacancy	12/31/2018
Ex-Officio Members	Michael Zimmer, Director LARA	

**Schedule of Committee Meetings**

**Fiscal Year 2017**

- December 19, 2016
- March 20, 2017
- June 19, 2017
- September 11, 2017

## Prescription Drug and Opioid Abuse Commission

The Michigan Prescription Drug and Opioid Abuse Task Force was created following Governor Snyder's 2015 State of the State Address in which he called for a comprehensive plan to address prescription drug and opioid abuse in Michigan. The Report of Findings and Recommendations for Action issued by the Task Force discussed both the human and financial toll which result from prescription drug and opioid abuse. The Task Force made several recommendations. Executive Order 2016-15 signed by Governor Snyder and filed with the Secretary of State on June 23, 2016, created The Prescription Drug and Opioid Abuse Commission. The Controlled Substances Advisory Commission and the Advisory Committee on Pain and Symptom Management were abolished by this Executive Order and all their respective authority, powers, duties, function, responsibilities, and records were transferred to the Commission.

The Commission is comprised of seventeen (17) members who are appointed by and serve at the pleasure of the Governor for two-year terms. The Commission is charged with acting in an advisory capacity to the Governor and the Director of the Department of Licensing and Regulatory Affairs.

### **Commission Members as of 9/30 2017**

	<b><u>Term Expires</u></b>
Davis, Linda, Judge, JD, Chairperson, LARA Ex-officio	9/1/2018
Bell, Stephen, DO	9/1/2018
Benivegna, Vincent, DDS	9/1/2018
Brya, Michelle, JD, AG Ex-officio	9/1/2018
Cunningham, Rebecca, MD	9/1/2018
Dettloff, Richard	9/1/2018
Gigliotti, Lisa, JD	9/1/2018
Hurt, Timothy	9/1/2018
Lazar, Stephen, PhD	9/1/2018
Nelson, Paula	9/1/2018
Owings, Melissa, DVM	9/1/2018
Paletta, Michael, MD, FAAHPM	9/1/2018
Pinals, Debra, MD, DHHS Ex-officio	9/1/2018
Sands, Thomas, MSP Ex-officio	9/1/2018
Schneider, Matthew, JD, AG Ex-officio	9/1/2018
Schumacher, Gretchen, PhD, GNP-C, FNP, NP-C	9/1/2018
Sclabassi, Mary	9/1/2018
Shannon, Patrick, Judge, JD	9/1/2018
Soto, Roy, MD	9/1/2018
Wagenknecht, Larry, PharmD	9/1/2018
Wesolowicz, Laurie, PharmD	9/1/2018
Wilson, Adam, PA-C	9/1/2018

### **Schedule of Commission Meetings**

#### **Fiscal Year 2017**

December 19, 2016  
February 23, 2017  
May 11, 2017  
August 10, 2017

## Michigan Board of Examiners in Mortuary Science

The Michigan Board of Examiners in Mortuary Science was originally formed with the enactment of Public Act 268 of 1949. On October 21, 1980, this authority was transferred to the Occupational Code, Public Act 299 of 1980, as amended.

Article 18 defines the practice of mortuary science as the practice of embalming or the practice of funeral directing, or both. A funeral establishment is defined as a place of business used in the care and preparation for burial or transportation of a dead human body or a place where a person represents that the person is engaged in the profession of undertaking or the practice of mortuary science.

The Michigan Board of Examiners in Mortuary Science consists of 9 voting members: 6 licensees and 3 public members.

<u>Board Members as of 9/30/2017</u>	<u>Term Expires</u>
Rodney Wakeman, Professional Member	06/30/2019
Mark Ransford, Professional Member	06/30/2020
Mark Canale, Professional Member	06/30/2021
Mary Ochalek, Professional Member	06/30/2022
Kathleen Barone, Professional Member	06/30/2021
Ronald Karelse, Professional Member	06/30/2022
Thomas Chrzanowski, Public Member	06/30/2021
Stephen Linder, Public Member	06/30/2019
Patrick Miller, Public Member	06/30/2020

### Schedule of Board Meetings – Fiscal Year 2017

- October 4, 2017
- April 4, 2018

\*Mortuary Science is housed within the Corporations, Securities, and Commercial Licensing Bureau (CSCL), directed by Linda Clegg.

Licensing Statistics – Fiscal Year 2017

	APPLICATIONS RECEIVED	LICENSES RENEWED	TOTAL LICENSES	EXAMS ADMINISTERED	# OF COMPLAINTS RECEIVED	# OF COMPLAINTS INVESTIGATED	# OF INVESTIGATIONS CLOSED W/NO ACTION	# OF ENFORCEMENT ACTIONS
<b><u>PUBLIC HEALTH CODE PROFESSIONS</u></b>								
<b>Acupuncture</b>	27	66	181	*	2	2	0	0
<b>Athletic Trainer</b>	198	773	1,591	*	9	1	3	15
<b>Audiology</b>	33	276	628	*	3	1	0	8
<b>Chiropractor</b>	179	1,477	2,989	*	29	8	8	15
<b>Counseling</b>	1,088	5,191	10,179	*	80	64	49	29
<b>Dentistry</b>				*	282	155	132	134
Dentist	466	2,586	8,080					
Dental assistant	141	579	1,908					
Dental hygienist	413	3,371	10,630					
Specialty field	181	271	1,050					
<b>Marriage and Family Therapy</b>	88	365	724	*	8	5	7	2
<b>Massage Therapy</b>	846	3,506	9,422	*	42	31	18	29
<b>Medicine</b>	3,821	14,515	38,455	*	1,182	454	359	385

		APPLICATIONS RECEIVED	LICENSES RENEWED	TOTAL LICENSES	EXAMS ADMINISTERED	# OF COMPLAINTS RECEIVED	# OF COMPLAINTS INVESTIGATED	# OF INVESTIGATIONS CLOSED W/O ACTION	# OF ENFORCEMENT ACTIONS
<b>Nursing**</b>		2,540	**	**	*	72	230	142	318
	Nurse	2,188							
	Specialty certification	352							
<b>Nursing Home Administrator</b>		155	515	1,235	*	100	58	35	21
<b>Occupational Therapy</b>		544	3,730	7,842	176	13	8	6	11
<b>Optometry</b>		88	877	1,774	23	19	5	5	17
<b>Osteopathic Medicine and Surgery</b>		1,273	3,784	9,635	*	305	156	105	106
<b>Pharmacy</b>					*	461	211	150	359
	Controlled substance	11,124	30,672	74,622					
	Pharmacist	1,742	8,969	17,005					
	Pharmacy	269	1,669	3,424					
	Drug control	302	1,001	2,693					
	Manufacturer or wholesaler	293	903	1,916					
	Pharmacy technician	5,615	4,732	17,451					
<b>Physical Therapy</b>		1,038	5,835	14,863	176	30	15	16	29
<b>Physician's Assistant</b>		595	2,559	5,487	*	68	32	22	29
<b>Podiatric Medicine and Surgery</b>		79	306	864	5	24	5	5	18

		APPLICATIONS RECEIVED	LICENSES RENEWED	TOTAL LICENSES	EXAMS ADMINISTERED	# OF COMPLAINTS RECEIVED	# OF COMPLAINTS INVESTIGATED	# OF INVESTIGATIONS CLOSED W/NO ACTION	# OF ENFORCEMENT ACTIONS
<b>Psychology</b>					*	117	75	57	64
	Full doctoral	152	1,515	3,253					
	Limited doctoral	141	160	263					
	Masters limited	140	1,532	3,283					
	Temporary limited	187		864					
<b>Respiratory Care</b>		324	2,485	5,335	*	18	13	18	23
<b>Sanitarian</b>		4	142	344	*	0	0	0	0
<b>Social Work</b>		3,472	8,440	27,888	*	198	91	68	184
<b>Speech-Language Pathology</b>		615	1,488	5,208	*	4	0	0	2
<b>Veterinary Medicine</b>					*	88	58	35	38
	Veterinarian	324	2,045	4,197					
	Veterinary technician	245	1,308	3,284					

		APPLICATIONS RECEIVED	LICENSES RENEWED	TOTAL LICENSES	EXAMS ADMINISTERED	# OF COMPLAINTS RECEIVED	# OF COMPLAINTS INVESTIGATED	# OF INVESTIGATIONS CLOSED W/NO ACTION	# OF ENFORCEMENT ACTIONS
<b><u>OCCUPATIONAL CODE PROFESSIONS</u></b>									
<b>Accountancy</b>									
	License/Firm	1,002	11,534	15,043	*	243	161	199	414
	Registration	351	4,321	6,268					
<b>Architects</b>									
		396	0	5,629	*	27	7	20	33
<b>Barbers</b>									
	Student, Barber, Student/Barber Instructor	671	3,440	5,371	220	89	33	42	19
	Barbershop	143	1,201	1,699					
	Barber college	1	5	6					
<b>Collection Practices</b>									
	Agency Non-Owner Managers	96	401	430	136	96	82	107	25
	Agency- Owner Manager	46	203	214					
	Non-Owner Manager	174	506	582					
<b>Cosmetology</b>									
	Cosmetologist, manicurist, natural hair culturist, esthetician, electrologist, instructor	7,203	44,015	93,523	5,193	753	446	457	193
	Cosmetology establishment	1,656	7,642	8,244					
	Cosmetology school	15	106	24					
<b>Foresters</b>									
		18	0	225	0	1	1	0	0

		APPLICATIONS RECEIVED	LICENSES RENEWED	TOTAL LICENSES	EXAMS ADMINISTERED	# OF COMPLAINTS RECEIVED	# OF COMPLAINTS INVESTIGATED	# OF INVESTIGATIONS CLOSED W/NO ACTION	# OF ENFORCEMENT ACTIONS
<b>Hearing Aid Dealer</b>					57	5	5	11	1
	Dealer	26	15	212					
	Salesperson	30	62	174					
	Trainee	76	38	89					
<b>Landscape Architects</b>		45	0	597	*	0	0	0	0
<b>Personnel Agencies</b>					8	0	0	2	0
	Personnel agency	8	13	13					
	Agent	15	26	31					
<b>Professional Engineers</b>		1,232	9,304	20,120	*	51	8	55	76
<b>Professional Surveyors</b>		15	414	863	*	15	10	14	7
<b>Real Estate Appraisal</b>					42	129	121	85	53
	Certified, licensed	181	1,317	2,645					
	Limited	103	177	363					
	Temporary permit	129		91					
	Appraisal Management Company	18	114	153					
<b>Real Estate Brokers &amp; Salespersons</b>					6,408	835	193	650	1,526
	Broker, associate broker	900	1	21,428					
	Salesperson	6,394	2	38,126					
	Branch office	125	0	853					

	APPLICATIONS RECEIVED	LICENSES RENEWED	TOTAL LICENSES	EXAMS ADMINISTERED	# OF COMPLAINTS RECEIVED	# OF COMPLAINTS INVESTIGATED	# OF INVESTIGATIONS CLOSED W/NO ACTION	# OF ENFORCEMENT ACTIONS
Residential Builders	4,614	44,148	56,262	3,601	801	606	573	466
*National exam data not available.								
**Due to a system conversion nursing data is only for the period of July 2017 through September 2017								

	APPLICATIONS RECEIVED	LICENSES RENEWED	TOTAL LICENSES	EXAMS ADMINISTERED	# OF COMPLAINTS RECEIVED	# OF COMPLAINTS INVESTIGATED	# OF INVESTIGATIONS CLOSED W/O ACTION	# OF ENFORCEMENT ACTIONS
<b>Mortuary Science</b>	132	1130		68	130	130	106	
Courtesy License								
Establishment								
Licensee								
Resident Trainee								

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