

Michigan Department of Community Health
Board of Nursing
P.O. Box 30193
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

NURSE SPECIALTY RECERTIFICATION INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Nursing. Questions regarding your application can be directed to the Michigan Board of Nursing at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time. Applications submitted without the required licensing fee, applicant's signature and date will be returned.

GENERAL INSTRUCTIONS FOR RELICENSURE

1. Type or print legibly on all forms and send original application, with the proper fee, to the Board of Nursing. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for relicensure of a Michigan health profession license or registration that has been expired for **more** than 3 years are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. You must submit your application for recertification with the appropriate fee.
4. Your Michigan RN license must be active prior to obtaining Nurse Specialty Recertification.
5. The appropriate specialty certification form must be submitted to the appropriate certifying agency to be completed and returned directly to the Michigan Board of Nursing.
6. You must submit proof that you have met the following continuing education requirements for your nurse specialty:

Nurse Anesthetist: National Recertification from the Council on Recertification of Nurse Anesthetists obtained in the 2-year period preceding the date of application.

Nurse Midwife: In the 2-year period preceding the date of application, you must provide proof of either: 1) meeting the Continuing Competency Assessment requirements of the ACNM if you were initially certified before January 1, 1996; or 2) continued certification or recertification from the ACNM Certification Council if you were initially certified after January 1, 1996; or 3) completion of 20 hours of continuing education in midwifery.

Nurse Practitioner: National Recertification or proof of continued certification from either the ANCC, The National Certification Board of Pediatric Nurse Practitioners and Nurses or the NCC **OR** if Michigan Board certification as a nurse practitioner was obtained before 1991, 40 hours of continuing education in the nursing specialty field obtained in the 2-year period preceding the date of application.

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes before the exam date, notify the Board of Nursing in writing. Include your former name, address, social security number, and whether or not you are a candidate for the nursing examination with the new name and/or address. Telephone calls are NOT accepted for these changes. Name and address changes can be faxed to (517) 373-2179.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Nursing in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 222.16174 (3). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. **CONTINUING EDUCATION:** This license has a continuing education requirement for renewal. Please check our website at www.michigan.gov/healthlicense for more information on the specific requirements.
PLEASE NOTE: You are not required to complete any continuing education credits in order to renew your license for the first time because you will not have held the license for a full two-year period.
5. **THE NURSE SPECIALTY CERTIFICATION WILL EXPIRE ON THE SAME DAY AS YOUR RN LICENSE. YOUR NURSE SPECIALTY CERTIFICATION CANNOT BE RENEWED UNTIL YOUR RN LICENSE IS RENEWED. HOWEVER, YOU CAN SUBMIT BOTH FOR RENEWAL AT THE SAME TIME.**

**APPLICATION FOR RECERTIFICATION
OF A NURSE SPECIALTY**

Authority: Public Act 368 of 1978, as amended
If this form is not completed, certification will not be issued.

Type or Print Only

I AM APPLYING FOR THE FOLLOWING RECERTIFICATION:

Note: A separate application and fee must be filed for each recertification desired

- Nurse Practitioner
- Nurse Midwife
- Nurse Anesthetist

FEES: If your R.N. License Expires:

- in 13-24 Months the Fee is \$72.00 71-4704-025356
- in 5-12 Months the Fee is \$58.00 71-4704-015356
- in 0-4 Months the Fee is \$72.00 71-4704-025356

*If your current RN license expires within 120 days, you must pay the larger fee and your certification will be issued with your renewed, 2 year license.

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

Board Use Only
License Number
Date of Licensure

First Name		Middle Name		Last Name	
U.S. Social Security Number		Date of Birth		Daytime Phone Number with Area Code	
Street Address					
City			State	ZIP Code	
All Previous Names and/or Birth Name Used (if applicable)					
Has your Michigan nursing specialty license been lapsed more than three years? <input type="checkbox"/> Yes <input type="checkbox"/> No			Michigan Permanent I.D. Number and Expiration Date		
CERTIFICATION					
I certify that the above statements about my qualifications for a Michigan nurse specialty certification are true.					
Signature of Applicant				Date	

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NURSE ANESTHETIST SPECIALTY CERTIFICATION

Authority: Public Act 368 of 1978, as amended.
 If this form is not completed, certification will not be issued.

INSTRUCTIONS: Applicant complete Section I. Type or print your name exactly as it appears on your Registered Nurse license. Send this form to the designated certifying agency for completion of Section II. **This certification must be submitted directly to the Michigan Board of Nursing by the designated certifying agency.**

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan R.N. Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Phone Number	All Previous Names and/or Birth Name Used (if applicable)	
Signature of Applicant		Date

SECTION II - CERTIFICATION OF LICENSURE

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this certification directly to the Michigan Board of Nursing at the address above.

This is to certify that the person identified above has met the requirements for certification or recertification by the :

American Association of Nurse Anesthetists Council on Certification or Council on Recertification of Nurse Anesthetists

Date of Initial Certification: _____

Date of Recertification: _____

Recertification Number : _____

Expiration Date: _____

Authorized Signature of Certifying Agency _____ Date _____

Print or Type Name _____ **(SEAL)**

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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NURSE MIDWIFE SPECIALTY CERTIFICATION

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

INSTRUCTIONS: Applicant complete Section I. Type or print your name exactly as it appears on your Registered Nurse license. Send this form to the designated certifying agency for completion of Section II. **This certification must be submitted directly to the Michigan Board of Nursing by the designated certifying agency.**

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan RN Permanent ID Number and Expiration Date
Street Address		
City	State	ZIP Code
Signature of Applicant		Date

SECTION II - CERTIFICATION OF LICENSURE

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this certification directly to the Michigan Board of Nursing at the address above.

This is to certify that:

the person identified above has met the requirements for certification or recertification by the American Midwifery Certification Board (AMCB)

OR

the person identified above has met the Continuing Competency Assessment requirements of the AMCB.

American Midwifery Certification Board

Date completed Continuing Competency Assessment Requirements: _____

Date of Certification: _____

Certification Number: _____

Expiration Date : _____

Authorized Signature - Certification

Date

Print or Type name

(SEAL)

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NURSE PRACTITIONER SPECIALTY CERTIFICATION

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

SECTION I - APPLICANT INFORMATION

INSTRUCTIONS: Applicant should complete Section I. Type or print your name exactly as it appears on your Registered Nurse application. Send this form to the appropriate certifying agency for completion of Section II. **This certification must be submitted directly to the Michigan Board of Nursing by the appropriate certifying agency.**

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan RN Permanent ID Number and Expiration Date:
Street Address		
City	State	ZIP Code
Signature		Date

Indicate Agency of National Certification

AMERICAN NURSES CREDENTIALING CENTER

Nurse Practitioners

- Adult
- Family
- Acute Care
- Family Psychiatric and Mental Health
- Adult Psychiatric and Mental Health
- Gerontological
- Diabetes Management, Advanced
- Pediatric Nurse Practitioner

Clinical Nurse Specialists

- Adult Health
- Diabetes Management, Advanced
- Adult Psychiatric & Mental Health Nursing
- Child & Adolescent Psychiatric & Mental Health Nursing
- Public/Community Health Nursing
- Gerontological Nursing
- Pediatric Nursing

ONCOLOGY NURSING CERTIFICATION CORPORATION

NATIONAL CERTIFICATION CORPORATION

- Neonatal Nurse Practitioner
- Women's Health Care Nurse Practitioner

PEDIATRIC NURSING CERTIFICATION BOARD

AMERICAN ACADEMY OF NURSE PRACTITIONERS

SECTION II - CERTIFICATION OF LICENSURE

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this certification directly to the Michigan Board of Nursing at the address above.

This is to certify that the person identified above has met the requirements for certification or recertification by the :

_____ Name of Certifying Agency

as a _____

_____ Date of Certification _____ Certification Number _____ Expiration Date

_____ Authorized Signature of Certifying Agency _____ Date

_____ Print or Type name

(SEAL)