



Bureau of Professional Licensing
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BPLHelp@michigan.gov

**APPLICATION FOR OSTEOPATHIC MEDICINE OR
 EDUCATIONAL LIMITED LICENSURE OR RELICENSURE**

Authority: 1978 PA 368

Type or Print Clearly

****THIS FORM IS NOT TO BE USED TO RENEW YOUR LICENSE****

Applicant's First Name		Middle Name	Last Name	
U.S. Social Security Number		Date of Birth (MM/DD/YYYY)	10-Digit MI Permanent ID/License Number (If Applicable)	
Address				
City		State	Zip Code	Country
Telephone Number		Email Address		
List any other name or alias by which you have ever been known, including maiden name, if applicable: _____				

EDUCATIONAL LIMITED LICENSE INFORMATION ONLY:

Name of Appointing Hospital				
Hospital Street Address				
City		State	Zip Code	
Program Name				

CHECK THE LICENSE/OBTAINED BY METHOD			FOR OFFICE USE ONLY	
D.O. – By Endorsement Controlled Substance	\$159.05 \$ 90.15	5101-09 5315-37 = \$68.95 5315-57 = \$21.20	License Number	Issue Date
			CS License Number	Issue Date
D.O. – By Exam Controlled Substance	\$159.05 \$ 90.15	5101-01 5315-37 = \$68.95 5315-57 = \$21.20		
Educational Limited w/ Controlled Substance	\$180.25	5101-05 = \$90.10 5315-37 = \$68.95 5315-57 = \$21.20		

Your check or money order, drawn from a U.S. financial institution and made payable to the **STATE OF MICHIGAN**, must accompany this request. **DO NOT SEND CASH.** Fees are non-refundable.

LARA/BPL-OSTEOAPP (Rev. 10/18)

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

Professional Education

(Attach additional sheets if necessary)

Name of School	Name of Degree Granted

Hospital Affiliations

List the name of each hospital with which you are employed or under contract, and each hospital in which you are allowed to practice.

(Attach additional sheets if necessary)

Name of Hospital Employed or Under Contract	Name of Hospital where Allowed to Practice

License(s) in Other State(s) and/or Country

List each state or country where you have ever held an osteopathic physician license, the license number, the date issued, how the license was obtained, and whether sanctions have ever been imposed and/or if disciplinary proceedings are currently pending against that license. *(Attach additional sheets if necessary)*

If you indicate there have been sanctions imposed against a license, you must disclose the applicable state(s) and/or country and submit documentation that the sanction in the other state(s) and/or country is not permanent, that it was not the result of a patient safety violation, and you were required by the state(s) and/or country that imposed the sanction to participate in and complete a probationary period or treatment plan as a condition of the continuation of your licensure or that you did not complete the probationary period or treatment plan because you ceased engaging in the practice of osteopathic medicine in that state(s) and/or country. If you indicate there are pending disciplinary proceedings, you must submit documentation for review. A license cannot be issued until you provide documentation of resolution.

If you are currently under sanction, as a condition of licensure, you voluntarily agree to complete a probationary period or treatment plan, the terms of which are no less stringent than those imposed by the state(s) and/or country that imposed the sanction.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination/Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration OR are there Pending Disciplinary Proceedings? (If Yes, be Specific)

Good Moral Character Questions

If you answer "yes" to either of the next two questions, you must submit a written explanation as to what took place including date(s) of occurrence(s), court documents, documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license.

Have you ever been convicted of a felony?	Yes	No
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Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?	Yes	No
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CERTIFICATION AND SIGNATURE

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

Signature of Applicant

Date

Printed Name of Applicant

Required Additional Documents:

All Applicants

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (**except those applicants seeking relicensure, if the license expired within the last three years**).
- Human Trafficking requirement – Administrative Rule R 338.120. Proof of completion of training to identify victims of human trafficking. This is a one-time training that is separate from continuing education (CE). Licensees renewing for 2017 must complete training by renewal in 2020; renewals for 2018 by 2021, and renewals for 2019 by 2022. **Beginning December 20, 2021, completion of the training is a requirement for initial licensure.**

NOTE: All schools of osteopathic medicine accredited by the American Osteopathic Association (AOA) are approved by the Board. Active postgraduate clinical training programs accredited by the American Osteopathic Association (AOA) or the Accreditation Council for Graduate Medical Education (ACGME) are approved by the Board.

Osteopathic License by Endorsement

Applicant for an osteopathic medicine license via endorsement shall meet either of the following requirements:

- Has first been licensed in another state to actively engage in the practice of osteopathic medicine and surgery for at least 5 years before the filing of an application.
- Verification of licensure to be submitted directly to this office by the licensing agency of any state or territory of the United States or Dominion of Canada in which you hold a current license or ever held a license as an osteopathic doctor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

OR

- Has been licensed in another state and has passed all components of the National Board of Osteopathic Medical Examiners (NBOME). Certification of your examination scores must be submitted directly to this office by the NBOME by visiting their website www.nbome.org.
- Verification of licensure to be submitted directly to this office by the licensing agency of any state or territory of the United States or Dominion of Canada in which you hold a current license or ever held a license as an osteopathic doctor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Osteopathic License by Exam

- Certification of your examination scores submitted directly to this office from the National Board of Osteopathic Medical Examiners (NBOME). You may request certification from NBOME by visiting their website www.nbome.org.
- Official transcripts confirming the completion of the requirements for a degree in osteopathic medicine submitted directly to this office from a Board approved school of osteopathic medicine.
- Certification of successful completion of 1 year Board approved postgraduate clinical training. The Medical Director or Superintendent where you completed your postgraduate clinical training must sign and submit the Certification of First Year Postgraduate Training form directly to this office.

Educational Limited License

- Official transcripts confirming the completion of the requirements for a degree in osteopathic medicine submitted directly to this office from a Board approved school of osteopathic medicine. -OR- A letter of good standing verifying that you are expected to graduate in 3 months.
- A completed Certification of Appointment to a Michigan Training Program form submitted directly to this office by the Board approved hospital in which the training is to occur.

Relicensure – Full

Beginning December 20, 2017 – The continuing education requirement for relicensure includes a minimum of 3 hours of continuing education in the area of pain and symptom management. Applicants must have completed training in identifying victims of human trafficking as specified in Administrative Rule R 338.120.

Lapsed less than 3 years from the date of filing application for relicensure:

- Submit proof to the department of accumulating not less than 150 hours of Board approved continuing education during the 3 years immediately preceding the date of the application for relicensure. Of the 150 hours a minimum of 1 hour in pain and symptom management must be earned.
- Verification of licensure to be submitted directly to this office by the licensing agency of any state or territory of the United States or Dominion of Canada in which you hold a current license or ever held a license as an osteopathic doctor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Lapsed for more than 3 years but less than 5 years from the date of filing the application for relicensure:

- Submit proof to the department of accumulating not less than 150 hours of Board approved continuing education during the 3 years immediately preceding the date of the application for relicensure. Of the 150 hours a minimum of 1 hour in pain and symptom management must be earned.
- Applicant for relicensure also needs to satisfy ANY of the following requirements:
 - a. Presents evidence to the department that he or she was actively licensed as an osteopathic physician in another state at any time during the 3-year period immediately preceding the date of application for relicensure.
 - b. Takes and passes the Comprehensive Osteopathic Medical Variable-purpose examination (COMVEX) offered by the NBOME. The passing score shall be the score established by the NBOME for passing.
 - c. Successfully completes a Board approved postgraduate training program.
 - d. Successfully completes a physician re-entry program that is accredited by the Coalition for Physician Enhancement.
- Verification of licensure to be submitted directly to this office by the licensing agency of any state or territory of the United States or Dominion of Canada in which you hold a current license or ever held a license as a medical doctor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

License lapsed for 5 years or MORE:

- Submit proof to the department of accumulating not less than 150 hours of Board approved continuing education during the 3 years immediately preceding the date of the application for relicensure. Of the 150 hours a minimum of 1 hour in pain and symptom management must be earned.
- Applicant for relicensure also needs to satisfy ANY of the following requirements:
 - a. Presents evidence to the department that he or she was actively licensed as an osteopathic physician in another state at any time during the 3-year period immediately preceding the date of application for relicensure.
 - b. Successfully completes BOTH of the following requirements:
 - i. Takes and passes the COMVEX offered by the NBOME. The passing score shall be the score established by the NBOME for passing.
 - ii. Successfully completes either of the following training options:
 - a. A Board approved post-graduate training program.
 - b. A physician re-entry program that is accredited by the Coalition for Physician Enhancement.
- Verification of licensure to be submitted directly to this office by the licensing agency of any state or territory of the United States or Dominion of Canada in which you hold a current license or ever held a license as a medical doctor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

NOTE: If an applicant for relicensure needs to complete a Board approved post-graduate training program, the applicant may obtain an educational limited license for the sole purpose of completing that training.

Relicensure – Educational Limited

An applicant for relicensure of a lapsed educational limited license must satisfy the requirements under the **Educational Limited** licensure instructions.

FEDERATION CREDENTIALS VERIFICATION SERVICE:

- The Michigan Board of Osteopathic Medicine and Surgery now accepts the Federation Credentials Verification Service (FCVS). The Federation of State Medical Boards (FSMB) makes this service available to applicants. The FCVS verifies a physician's basic credentials with primary sources. Those credentials include medical education, postgraduate training, examination history, and board action history. FCVS does NOT provide licensure verification from other states.
- Please note that the use of the FCVS is strictly voluntary on the part of the applicant. The Michigan Board of Osteopathic Medicine and Surgery reserves the right to request additional information from the applicant during the application review process.
- If you are interested in receiving more information or have any questions regarding this service, please contact the FSMB by visiting their website at www.fsmb.org/licensure/fcvs.