

Michigan Department of Community Health
Board of Counseling
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

COUNSELING RELICENSURE 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 Counseling. Questions regarding your application can be directed to the Michigan Board of Counseling at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time. 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to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

LICENSED PROFESSIONAL COUNSELOR - RELICENSURE

1. Completed the application and return it to the Board of Counseling with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned.
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. Send the enclosed Verification of Licensure or Registration form to any other state where you have ever held a permanent counseling license. The form may be duplicated as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required before sending them the form for completion. The completed verification form must be returned to the Michigan Board directly from the state(s) where you have been licensed.
4. If your license expired within the last 3 years, you must submit a Professional Disclosure Statement (see information on the next page), complete the relicensure application, and return it with the appropriate fee.
5. If your license expired more than 3 years ago and #6 below does not apply to you, you must submit a Professional Disclosure Statement (see information on the next page), complete the relicensure application, return it with the appropriate fee, and take and pass one of the following examinations:

The National Counselor Examination (NCE) given by the National Board of Certified Counselors, www.nbcc.org/stateboardmap (see enclosed NBCC form) or the Commission on Rehabilitation Counselor Certification (CRCC) Examination. (CRCC 300 N Martingale Rd, Ste 460 Schaumburg, IL; telephone (847) 944-1325.) Arrange for the examination agency to forward an official copy of your scores directly to this office.

6. If you were originally licensed as a counselor based on receipt of a master's or doctoral degree in counseling or student personnel work that was conferred before October 1, 1991 and you had two years of professional experience before October 1, 1993, complete the relicensure application and return it with the appropriate fee. You must also submit an updated Professional Disclosure Statement. You are not required to pass an examination for relicensure.

LIMITED LICENSED PROFESSIONAL COUNSELOR - RELICENSURE

1. Completed the application and return it to the Board of Counseling with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned.
2. **Effective October 1, 2008**, all applicants for relicensure of a Michgian 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 a Professional Disclosure Statement (see information included in these instructions).
4. Send the enclosed Verification of Licensure or Registration form to any other state where you are currently or have ever held a permanent counseling license, the form may be duplicated as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required before sending them the form for completion. The verification form must be sent to the Michigan Board directly form the states(s) where you have been licensed.

PROFESSIONAL DISCLOSURE STATEMENT

Section 18113 of the Michigan Public Health Code, 1978 PA 368, as amended, requires that a licensed counselor furnish a Professional Disclosure Statement to all prospective clients before engaging in counseling services.

A Professional Disclosure Statement is required from every applicant, even if you are not currently practicing. You must provide a separate Professional Disclosure Statement for each practice location. You are required to submit a new Professional Disclosure Statement to the board within 30 days if you have any changes to the required information.

Your license cannot be issued without a Professional Disclosure Statement(s) on file. Attach a copy of your Professional Disclosure Statement(s) to your application for licensure.

YOUR PROFESSIONAL DISCLOSURE STATEMENT MUST INCLUDE ALL OF THE FOLLOWING INFORMATION:

1. Your name, business address, and telephone number. (If not currently employed provide your name, address and telephone number as shown on your application for licensure.)
2. A description of your practice.
3. A description of your education and experience.
4. The fee you charge your clients or if you do not charge a fee.
5. The following information must be included in your Professional Disclosure Statement in the event your client(s) would like to file a complaint regarding your counseling services. This address and phone number should not be used for any other purpose.

Michigan Department of Community Health
Health Regulatory Division
P.O. Box 30670
Lansing, MI 48909
(517) 373-9196

6. If you are applying for the limited counselor license, you **must** include the name of the licensed professional counselor who will be supervising your 3000 hours of post-degree experience. Also, this document must include the following statement, "I agree to supervise (insert your name) for the required post-degree counseling experience." this statement must be signed by the supervising licensed professional counselor and must also include his/her license number.

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Counseling in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Counseling 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. **ORIGINAL LICENSES AND RELICENSURES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE GOOD FOR A TWO-YEAR PERIOD.**



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
DIRECTOR

CRIMINAL BACKGROUND CHECK FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)

1. Complete the attached Livescan Fingerprint Request Form and schedule a fingerprinting appointment with L-1 Identity Solutions. A fee of \$62.75 is required for the fingerprinting process. The fee may be paid while registering on-line or at the fingerprinting appointment with either a business check or money order. Please note: The Agency ID Number needed for scheduling is 71734k.
2. To schedule a fingerprinting appointment on-line (Michigan locations only):

Register with the approved fingerprinting vendor, L-1 Identity Solutions, at www.L1enrollment.com

Select Michigan as the State for which you are being fingerprinted, then complete the registration process and finalize your appointment at a location that is convenient for you..
3. To schedule a fingerprinting appointment by telephone (Michigan locations only):

Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) and a representative will schedule the fingerprinting appointment and assist you in identifying a convenient location.
4. Please have the following with you upon arriving at your fingerprinting appointment:

The attached completed Livescan Fingerprint Request Form.

A driver's license or other state or federal issued picture identification (government ID, passport, military ID).

A business check or money order for \$62.75 made payable in U.S. Funds to: L-1 Identity Solutions, unless you have made payment on-line.
5. A technician will scan your fingerprints and submit the data electronically to the Michigan State Police.
6. You will receive a signed receipt at the end of your fingerprinting session, which will include a TCN identification number that can be kept as proof of completing the fingerprinting process.
7. If no criminal history information is found, the Bureau of Health Professions will be notified.
8. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
9. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 322-1956.



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit
1650 Wabash Ave. Ste. D
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 322-1956.

LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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Applicant Instructions: Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Community Health, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional	Cost: \$62.75

****Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

APPLICATION FOR RELICENSURE

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

Type or Print Only

I AM APPLYING FOR THE FOLLOWING: <input type="checkbox"/> Full License Relicensure - Fee: \$135.00 71-6401-06 <input type="checkbox"/> Limited License Relicensure - Fee: \$100.00 71-6401-06		Board Use Only
		License Number
		Date of Licensure
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.		
First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		E-Mail Address
Has your Michigan counseling license been lapsed more than three years? <input type="checkbox"/> No <input type="checkbox"/> Yes		Michigan Permanent I.D./License Number and Expiration Date

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name

7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? Yes No

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? Yes No

List each state(s) in which you hold or have ever held a permanent counseling license, the license number, the date issued, and how the license was obtained. DO NOT LIST TEMPORARY LICENSES. You must have each state board verify license directly to this board office. (Attach additional sheets if necessary)

State	License Number	Date of Issue	How obtained (Endorsement or Examination)

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Date

National Counselor Examination (NCE) State Specific Insert for Michigan Licensure Candidates

****This is a supplement to the NCE Candidate Handbook. You can download the handbook from the NBCC Web site at www.nbcc.org/stateboardmap****

CONTACT INFORMATION

All questions and requests for information about Michigan licensure should be directed to:

Michigan Board of Counseling
The Bureau of Health Professions
PO Box 30670 / 611 W Ottawa
Lansing, MI 48909
Phone: 517-335-0918
Fax: 517-373-2179
Web site: <http://www.michigan.gov/healthlicense>

All questions and requests for information about the Michigan licensure examination program should be directed to:

NBCC Assessment Dept.
3 Terrace Way, Suite D
Greensboro, NC 27403
Phone: 336-547-0607
Web site: www.nbcc.org/stateboardmap

ELIGIBILITY REQUIREMENTS

Candidates should send the Licensure Examination Registration Form with **original ink signature**, examination fee (\$185), and an official, sealed (unopened) academic transcript identifying the conferral date of a Master's degree in counseling or a related field to NBCC. **(Fees are subject to change.)**

REGISTRATION DEADLINES

Candidates will need to allow approximately 4 weeks processing time once their payment and materials are received by the NBCC Assessment Dept. Candidates can submit registration materials described above at any time but be aware that space is limited. The fees are good for 6 months.

TESTING SCHEDULE

Testing is normally the first full week of each month, Monday thru Saturday at 9:00am and 1:30pm, with four hours allowed for the exam. However, only certain sites offer Saturday testing; candidates should contact AMP for particular locations and dates. Candidates are scheduled on a first-come, first-served basis. There are three testing locations in Michigan, however, you are able to test at any of the over 150 AMP assessment centers across the U.S. The three sites in Michigan are Detroit, Flint, and Grand Rapids.

Examination schedule for 2009/2010:

❖	November '09	11/02 – 11/07
❖	December '09	12/07 – 12/12
❖	January '10	01/04 – 01/09
❖	February '10	02/08 – 02/13
❖	March '10	03/01 – 03/06
❖	April '10	04/05 – 04/10
❖	May '10	05/03 – 05/08
❖	June '10	06/07 – 06/12
❖	July '10	07/05 – 07/10
❖	August '10	08/02 – 08/07
❖	September '10	09/13 – 09/18
❖	October '10	10/04 – 10/09
❖	November '10	11/01 – 11/06
❖	December '10	12/06 – 12/11

Exam dates should be scheduled by the candidate through AMP's Web site or by calling AMP's toll-free customer service line **after receiving confirmation from NBCC.**

AMP Phone number: 888-519-9901
AMP Web site: www.goAMP.com

RE-REGISTRATION

Candidates who fail the exam will have to wait at least 3 months from their test date before they can retest. The actual retest date will depend on the monthly testing schedule and site availability. Candidates will need to send a new registration form and examination fee (\$185).

SPECIAL ACCOMMODATIONS

Candidates should request special accommodations by completing the form in the Candidate Handbook and submitting it with their Licensure Examination Registration form. Supporting documentation from a qualified professional is also required. Special Accommodation approvals are good for one year. After one year, candidates will need to submit a new request. Candidates testing with approved special accommodations should schedule their test via the toll-free number to ensure their accommodations are confirmed.

AFTER PASSING THE EXAM

Once you have successfully passed the NCE, please contact the Michigan Board of Counseling for further information. If you have questions about the Michigan licensure process, please contact the Michigan Board of Counseling for information.

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.			
<input type="checkbox"/> Audiology	<input type="checkbox"/> Medicine	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Psychology
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Counseling	<input type="checkbox"/> Nursing Home Adm.	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Sanitarians
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physician's Assistants	<input type="checkbox"/> Social Work
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Optometry	<input type="checkbox"/> Podiatry	<input type="checkbox"/> Veterinary
First Name	Middle Name	Last Name	
Previous Names Used	Date of Birth	U. S. Social Security Number	
State Board	License Number	Date of Issue	

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board