

**Michigan Professional Licensure User System
(MiPLUS)**



**NURSING LICENSURE IN
MICHIGAN - MiPLUS**

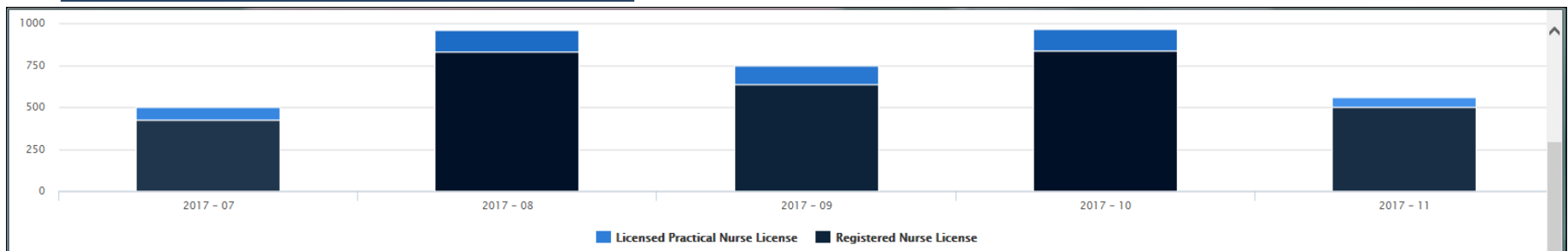
Effective 7-17-2017

Benefits of MiPLUS

- Immediate intake once application is submitted, no data entry (saves mail time of 7 -10 business days)
- No data entry errors
- Immediate notification and information for fingerprints (saves mail time of 7-10 business days)
- Uploading capability; no mail time (saves mail time of 7-10 business days)
- Customer access to change/edit personal information (email address, mailing address, phone number)
- Customer access to order a reprint of a license
- Upload continuing education credits for relicensure (saves mail time of 7-10 business days)
- Notification of outstanding items sent to email address (saves mail time of 7-10 business days)



Issued to date



2017 - 07

| Record Type | Record Status |
|----------------------------------|---------------|
| Licensed Practical Nurse License | 80 |
| Registered Nurse License | 424 |
| | 504 |

Total Issued

| License Type | Count |
|----------------------------------|--------------|
| Licensed Practical Nurse License | 509 |
| Registered Nurse License | 3,237 |
| | 3,746 |

2017 - 10

| Record Type | Record Status |
|----------------------------------|---------------|
| Licensed Practical Nurse License | 126 |
| Registered Nurse License | 840 |
| | 966 |

2017 - 08

| Record Type | Record Status |
|----------------------------------|---------------|
| Licensed Practical Nurse License | 133 |
| Registered Nurse License | 831 |
| | 964 |

2017 - 11

| Record Type | Record Status |
|----------------------------------|---------------|
| Licensed Practical Nurse License | 60 |
| Registered Nurse License | 503 |
| | 563 |

2017 - 09

| Record Type | Record Status |
|----------------------------------|---------------|
| Licensed Practical Nurse License | 110 |
| Registered Nurse License | 639 |
| | 749 |



How to register for an account in MiPLUS

Proceed to the MiPLUS website at: www.michigan.gov/miplus. If you have never opened a MiPLUS account, select **Register for an Account**.

The screenshot shows the MiPLUS website interface. At the top, there is a navigation bar with links for Home, Search, New, Request, and Help. Below this, there are links for Accessibility Support, Register for an Account, and Login. The main content area features a navigation menu with Home, Licenses, and Enforcement. A search bar is present, and a red error message states: "An error has occurred. Invalid Username or Password." Below the error message is a login form with fields for "User Name or E-mail" (containing "georgem9") and "Password" (masked with dots), and a "Login »" button. A red arrow points to the "New Users: Register for an Account" link. Below the login form, there are sections for "Please Login", "New Users", and "What would you like to do today?". At the bottom, there is a "General Information" section with a search icon.



Register for an account in MiPLUS

Read the **General Disclaimer** first, then check the box next to “**I have read and accepted the above terms.**” Select **Continue Registration**

Home Licenses Enforcement

Dashboard My Records My Account Advanced Search

Advanced Search menu, press tab to expand

Search for a Licensee

Search Records/Applications ▶

Account Registration

You will be asked to provide the following information to

- Choose a user name and password
- Contact Information

Please review and accept the terms below to proceed.

General Disclaimer

While the Agency attempts to keep its Web information accurate and timely, the Agency neither warrants nor makes representations as to the functionality or condition of this Web site, its suitability for use, freedom from interruptions or from computer virus, or non-infringement of proprietary rights. Web materials have been compiled from a variety of sources and are subject to change without notice from the Agency as a result of updates and corrections.

All trademarks, service marks and copyrighted information contained in or

I have read and accepted the above terms.

Continue Registration »



Register for an account in MiPLUS

Under **Login Information**, fill in ***ALL** required lines before proceeding. Under **Contact Information**, select **Add New**.

Home Licenses Enforcement

Dashboard My Records My Account Advanced Search

Account Registration Step 2: Enter/Confirm Your Account Information

Login Information

Enter your User Name and Password. You must also enter a unique email address

* User Name: ?

* E-mail Address:

* Password: ?

* Type Password Again:

* Enter Security Question: ?

* Answer: ?

Contact Information

Please select whether you are registering as an individual or as an organization (business) and enter your contact information.

Add New ←

Continue Registration >





Contact Information

A box will appear. Under **Contact Type**, select **Individual**. Then select **Continue**

Select Contact Type ×

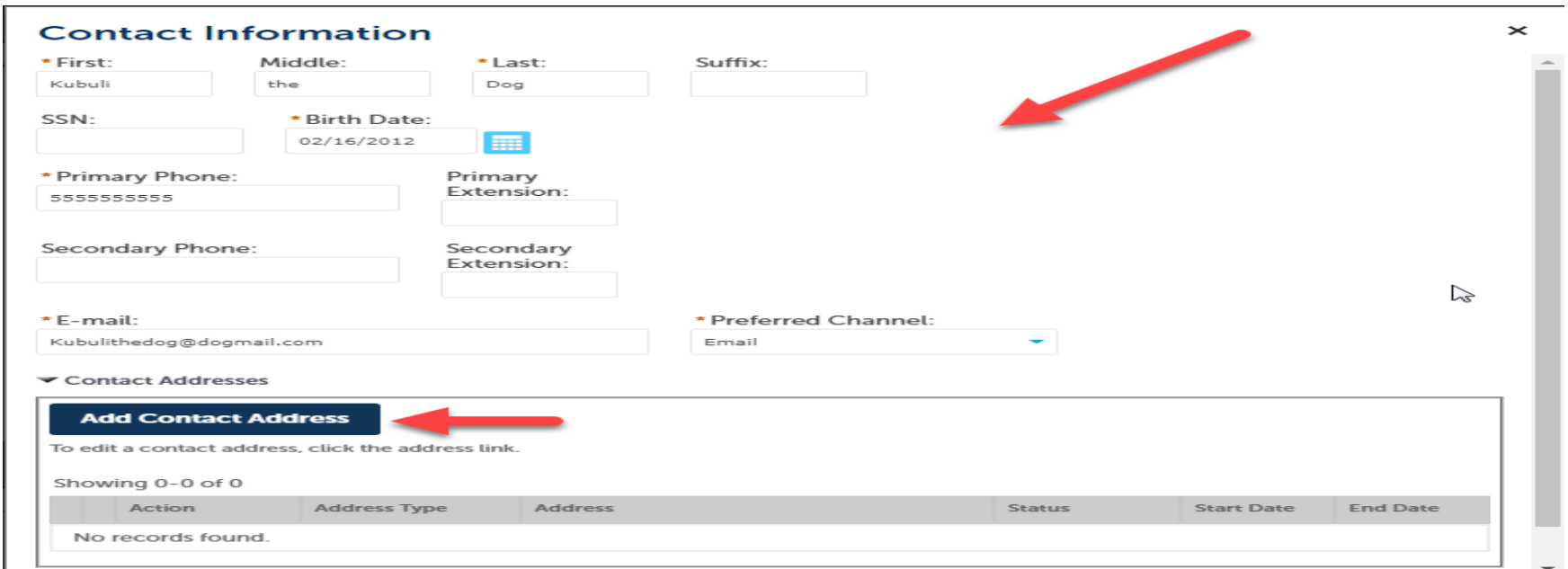
*Type:

Individual 

Continue 

Contact Information

Enter **ALL** of your **Contact Information** in the boxes provided, including **SSN**. If you do not have a SSN, please complete a Social Security Number Affidavit for Licensure and upload to your documents, later in this presentation. Click on **Add Contact Address**.



The screenshot shows a web form titled "Contact Information" with the following fields:

- First: Kubuli
- Middle: the
- Last: Dog
- Suffix: (empty)
- SSN: (empty)
- Birth Date: 02/16/2012
- Primary Phone: 5555555555
- Primary Extension: (empty)
- Secondary Phone: (empty)
- Secondary Extension: (empty)
- E-mail: Kubulithedog@dogmail.com
- Preferred Channel: Email

Below the form is a section titled "Contact Addresses" containing a table with the following structure:


| Action | Address Type | Address | Status | Start Date | End Date |
|-------------------|--------------|---------|--------|------------|----------|
| No records found. | | | | | |

Two red arrows point to the "Add Contact Address" button and the "Preferred Channel" dropdown menu.

A new window will appear. Type in the complete **Contact Address** (*city, state, zip, country*). Then, select **Save and Close**, or **Save and Add Another** address. The address will now appear under the **Contact Address** box. Click **Continue**.

Contact Information

Contact Information

02/16/2012 

* Primary Phone: Primary Extension:

Secondary Phone: Secondary Extension:

* E-mail: * Preferred Channel:

▼ Contact Addresses

Add Contact Address

To edit a contact address, click the address link.

✔ **Contact address updated successfully.**

Showing 1-2 of 2

| Action | Address Type | Address | Status | Start Date | End Date |
|-----------|--------------|-------------------|--------|------------|----------|
| Actions ▼ | Mailing | 123 Coconut Beach | Active | 03/01/2016 | |
| Actions ▼ | Mailing | 123 Greenhouse | Active | 02/16/2012 | |

Discard Changes





Contact Information

- If the following error appears **“Account Was Not Found”**, select **Continue** and you will be routed to your **Account Registration/Step 2** page. Scroll to the bottom and select **Continue Registration**.
- Afterward, you should see a green banner confirming, **“Your account has been created successfully, but requires activation.”** An automated message will be forwarded to your email address to activate your account. Please allow 12-24 hours for the activation email.

Home Licenses Enforcement

Dashboard My Records My Account Advanced Search

 Your account has been created successfully, but requires activation. 

Your account has been successfully created.

Congratulations. You have successfully created an account with the Agency. An activation e-mail was sent. Click the Activation Link from the email to enable your account.

Account Information

User Name: kubulithedog
E-mail: kubulithedog@dogmail.com
Password: *****
Security Question: Am I a dog?

Contact Information

Kubuli the Dog
Kubulithedog@dogmail.com
Primary Phone: 5555555555
Secondary Phone:
Mobile Phone:
Fax:
Preferred Method of Contact: Email



Contact Address List

▼ Contact Addresses



Contact Information

- Click on the **Activation Link** in the e-mail to activate your account.


 Reply  Reply All  Forward  IM



Tue 6/20/2017 8:31 AM

LARA-BPL-TEST

Citizen Portal Verification Required

To  George, Maria (LARA)



Thank you for registering for a MiPLUS account. Please click the **Activation** Link below to confirm your email address and activate your account.

Activation [Link](#)



Linking an Account in MiPLUS

- If you have been licensed previously and would like to create a MiPLUS account, you will need to link your old license to your new account. To do this you will **Register for an Account** (see above). The system links your license to your account by the name on your license and DOB.
- Once you have activated your account and log in, select **Licenses** from the Menu Bar on the Homepage. This will bring you to a list of your licenses.

The screenshot displays the MiPLUS user interface. At the top, a dark navigation bar contains the following items: **Home**, **Licenses** (highlighted with a red arrow), **Renewals**, **Dashboard**, **My Records**, **My Account**, and **Advanced Search**. Below the navigation bar, a white content area features a personalized greeting: **Welcome, Christine Daae**, followed by the text: "You are now logged in. If you have any questions regarding MiPLUS and how to link your existing license to your account, please visit our FAQ's page." Below this, a section titled **What would you like to do today?** prompts the user to "To get started, select one of the services listed below:". A dark blue section follows, titled **General Information**, which contains a large magnifying glass icon and the text "Search for a Licensee". Below this is a white section titled **Licenses**, which contains two service icons: a clipboard icon labeled "Apply for a License" and a magnifying glass icon labeled "Search & Renew Licenses".



Applying for a License on MiPLUS

- Once you have registered for an account, you can begin the application, or relicensure process. To do so, log in to your account at the MiPLUS Homepage.
- If you are applying for a license for the first time, select **Apply for a License** from the Homepage of your account.

The screenshot shows the MiPLUS login interface. At the top, there is a navigation bar with links for Home, Search, New, Request, and Help. Below this, there are links for Accessibility Support, Register for an Account, and Login. The main content area has a navigation menu with Home, Licenses, and Enforcement. A search bar is present. A red error message box states: "An error has occurred. Invalid Username or Password." Below the error message is a login form with fields for "User Name or E-mail" (containing "georgem9") and "Password" (masked with dots). A "Login »" button is highlighted with a red arrow. Below the form are links for "Remember me on this computer", "I've forgotten my password", and "New Users: Register for an Account". A "Please Login" section explains that many services require login. A "New Users" section provides information for new users. A "What would you like to do today?" section suggests selecting a service. At the bottom, there is a "General Information" section.



Applying for a License in MiPLUS

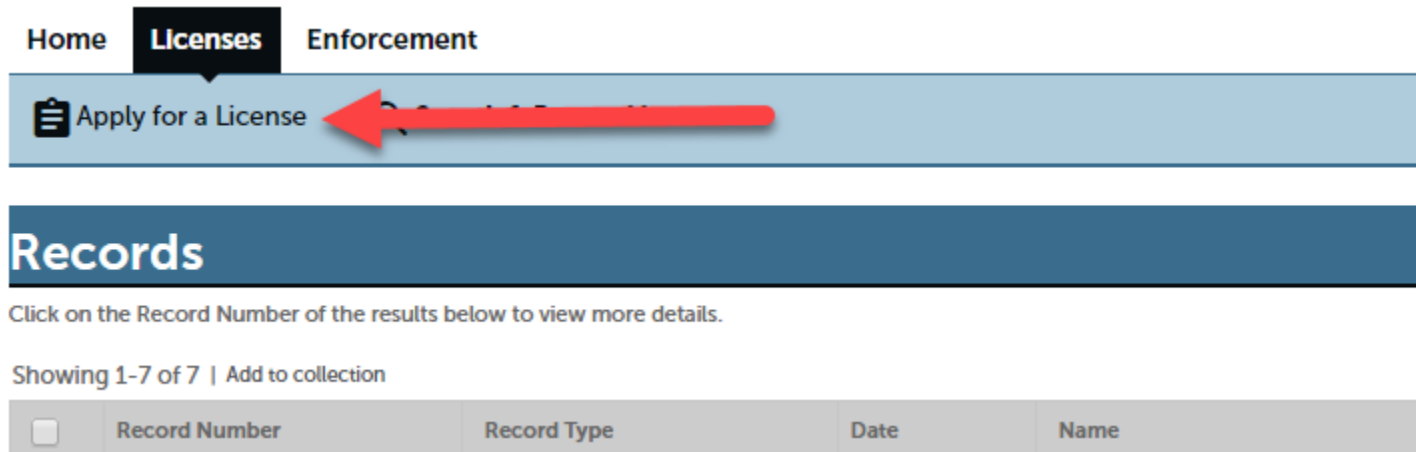
You can apply for a license by selecting the **Licenses** tab at the top of the page.

The screenshot displays the MiPLUS user interface. At the top, a navigation bar includes tabs for Home, Licenses, and Enforcement. Below this is a secondary menu with Dashboard, My Records, My Account, and Advanced Search. A red arrow points to the Licenses tab. The main content area features a welcome message for Christine Daae and a section titled 'What would you like to do today?' with a list of services. A dark blue section labeled 'General Information' contains a search icon and the text 'Search for a Licensee'. Below this is a section labeled 'Licenses' with two icons: a clipboard icon for 'Apply for a License' and a magnifying glass icon for 'Search & Renew Licenses'. A red arrow points to the 'Apply for a License' icon. At the bottom, a dark blue section labeled 'Enforcement' contains an information icon and a search icon.



Applying for a License in MiPLUS

Select **Apply for a License** at the top of the page.



Home Licenses Enforcement

Apply for a License

Records

Click on the Record Number of the results below to view more details.

Showing 1-7 of 7 | Add to collection

| <input type="checkbox"/> | Record Number | Record Type | Date | Name |
|--------------------------|---------------|-------------|------|------|
|--------------------------|---------------|-------------|------|------|



Read the **General Disclaimer** and check the box next to, **“I have read and accepted the above terms.”** Then click **Continue Application**.



Applying for a License in MiPLUS


Click on **Nursing** to expand the options. Check the circle of the nursing license you are attempting to apply for, then click **Continue Application**.

Home **Licenses** Enforcement


 Apply for a License  Search & Renew Licenses



Select a License Type

First select the category of license you are applying for, then choose website for instructions on how to apply.

 [Search](#)

▶ License Link
▼ Nursing

- Licensed Practical Nurse Application 
- Registered Nurse Application

[Continue Application »](#)  

Applying for a License in MiPLUS

Next, you will be asked to update your contact information. You will have the option to **Add** a new contact address or **Select an Address from your Account**.

You must download the [SOCIAL SECURITY NUMBER EXPLANATION FORM](#), complete it, and upload it as a supporting documentation attachment to your application if you have a social security number and did not provide the number during registration, OR if you are exempt under law from obtaining or disclosing your social security number.

Home **Licenses** Enforcement

Apply for a License Search & Renew Licenses

Registered Nurse Application

1 Contact Information 2 Application Information 3 Education Information 4 Supporting Documentation 5 Review 6 7

Step 1: Contact Information > Applicant Information

* indicates a required field.

Applicant

To add contact information, click Select from Account. To edit the contact information, click the Edit link. To remove the contact information, click the Remove link.

Select from Account



Save and resume later

Continue Application »



CUSTOMER DRIVEN. BUSINESS MINDED.

Applying for a License in MiPLUS

If more than one address appears, select the most current/correct address and click **Continue**. If there is no address listed, select **Add an Address**. Once an address is added or selected it will link and populate on the **Contact Information** screen.

Select Contact from Account ×

Christine Daae
Applicant

Select contact addresses for this contact to attach to the record.
Required contact address type(s): Mailing

Showing 1-7 of 7

| <input type="checkbox"/> | Address Type | Recipient | Address |
|-------------------------------------|--------------|-----------|--------------------------|
| <input checked="" type="checkbox"/> | Mailing | | 611 W Ottawa St, Lansing |
| <input type="checkbox"/> | Mailing | | 611 W Ottawa St |
| <input type="checkbox"/> | Mailing | | 611 W Ottawa St, Lansing |
| <input type="checkbox"/> | Mailing | | 611 W Ottawa St, Lansing |
| <input type="checkbox"/> | Mailing | | 611 W Ottawa St, Lansing |
| <input type="checkbox"/> | Mailing | | 813 E Kalamazoo St |
| <input type="checkbox"/> | Mailing | | 611 W Ottawa St |

Continue Discard Changes



Applying for a License in MiPLUS

Select **Continue Application**.

Home **Licenses** Enforcement

Apply for a License Search & Renew Licenses

Registered Nurse Application

1 Contact Information 2 Application Information 3 Education Information 4 Supporting Documentation 5 Review 6 7

Step 1: Contact Information > Applicant Information * indicates a required field.

Applicant

To add contact information, click Select from Account. To edit the contact information, click the Edit link. To remove the contact information, click the Remove link.

✔ Contact added successfully.

Christine Dae
georgem3@michigan.gov
Primary Phone: 5555555555, Extension:
Secondary Phone: , Extension:
Birth Date: 01/02/1985

Edit Remove

▼ Contact Addresses

Add Contact Address

To add a new contact address, click Add Contact Address. To edit a contact address, click the Edit link. To remove one of your addresses from this application, click the Remove link.
Required contact address type(s): Mailing

Showing 1-1 of 1

| Address Type | Address | Action | Primary | Start Date | End Date |
|--------------|--------------------------|-----------|---------|------------|----------|
| Mailing | 611 W Ottawa St, Lansing | Actions ▼ | No | | |

[Save and resume later](#) [Continue Application »](#)



Applying for a License in MiPLUS

- On the Application Information screen select the **Obtained By** method of either *Examination* or *Endorsement*
- Answer **ALL** of the **Good Moral Character** questions
- Add any **Nurse Specialties**
- **Continue Application**

Home **Licenses** Enforcement

Apply for a License Search & Renew Licenses

Registered Nurse Application

1 Contact Information 2 Application Information 3 Education Information 4 Supporting Documentation 5 Review 6 7

Step 2 : Application Information > Application Information * Indicates a required field.

Obtained By

Obtained By Method

Be sure to complete the License(s) in Other State(s) and/or Country Section on the following page!

* Obtained by:

Good Moral Character

Good Moral Character

* Have you ever been convicted of a felony?: Yes No

* 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

Specialty Certification

Specialty Certification?
Please select all that apply

Nurse Anesthetist:

Nurse Midwife:



Applying for a License in MiPLUS

Specialty Certification

Specialty Certification?

Please select all that apply

Nurse Anesthetist:

Nurse Midwife:

Nurse Practitioner:

Temporary License

Temporary License

This option is available for Canadian Licensees only!

A registered nurse temporary license is available for individuals who are currently licensed as a registered nurse in Canada. This license will expire one year from the date of issuance and is non-renewable. Upon receipt of all required documentation for R.N. by Exam, a full registered nurse license by examination will be issued. If you fail the NCLEX-RN, the temporary license is no longer valid. If you have already failed the examination, you do not qualify for the temporary license. If you meet these qualifications and wish to apply for a temporary license, select box:

Save and resume later

Continue Application »



CUSTOMER DRIVEN. BUSINESS MINDED.

Applying for a License in MiPLUS

- If you hold a professional license status in another state or country you will need to enter them on the next page. In the **Licenses in Other States and/or Country** page, select **Add a Row**, and enter ALL pertinent license information, including sanctions or convictions.

Home **Licenses** Enforcement

Apply for a License Search & Renew Licenses

Registered Nurse Application

| | | | | | | |
|-----------------------|---------------------------|-------------------------|----------------------------|----------|---|---|
| 1 Contact Information | 2 Application Information | 3 Education Information | 4 Supporting Documentation | 5 Review | 6 | 7 |
|-----------------------|---------------------------|-------------------------|----------------------------|----------|---|---|

Step 2: Application Information > Additional Information

* indicates a required field.

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

LICENSES IN OTHER STATES

List each state or country where you have ever held a nursing profession license, the license or registration 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 or registration. If you indicate there have been sanctions imposed and/or pending disciplinary proceedings against a license or registration, you must submit documentation that the sanctions are not in force or there are not pending disciplinary proceedings at the time of this application.

Showing 0-0 of 0

| State or Country | Permanent License/Registration Number | Date of Issuance | How obtained | Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings? | Explain the sanctions imposed against this license/registration OR pending disciplinary proceedings. Be as specific as possible. |
|------------------|---------------------------------------|------------------|--------------|--|--|
|------------------|---------------------------------------|------------------|--------------|--|--|

No records found.

| | |
|---|---|
| < | > |
|---|---|

Add a Row Edit Selected Delete Selected

Save and resume later

Continue Application »




Applying for a License in MiPLUS

License History ✕

*** State or Country:**

*** How obtained:**

*** Permanent License/Registration Number:**

*** Date of Issuance:**
 

*** Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?:**
 Yes No

Explain the sanctions imposed against this license/registration OR pending disciplinary proceedings. Be as specific as possible.:

spell check

Submit Cancel



Applying for a License in MiPLUS and Education

Click on Add New

Home **Licenses** Enforcement

Apply for a License

Licensed Practical Nurse Application

| | | | | | | |
|-----------------------|---------------------------|-------------------------|----------------------------|----------|---|---|
| 1 Contact Information | 2 Application Information | 3 Education Information | 4 Supporting Documentation | 5 Review | 6 | 7 |
|-----------------------|---------------------------|-------------------------|----------------------------|----------|---|---|

Step 3: Education Information > Education Information

* indicates a required field.

Education

To add education information, click Add New.

Add New

Education List

Showing 0-0 of 0

| Education Program Name | Degree | School Name | Date Graduated | Action |
|------------------------|--------|-------------|----------------|--------|
| No records found. | | | | |

Save and resume later

Continue Application »

Applying for a License in MiPLUS and Education

Select your Program Name from the drop down menu

Education Information [X]

1. Select an Education Program Name by clicking the search icon to the right of the field. Do not alter the Degree field, which will populate automatically based on Education Program Name selected.
2. Enter Date Graduated. To look up School Name, click search icon to the right of the field. Enter the Education Program Code, if this information is known. Do not alter any information below the line, such as Address, Phone Number, E-Mail, or Provider Number. **For Foreign or Military Education, type in the school name, address, and phone number.**
3. Click the Save and Close button when complete.

* Education Program Name: [Search]

Degree: --Select-- [v]

Major Discipline: [X]

- Licensed Practical Nurse - Certificate
- Licensed Practical Nurse - Foreign Edu
- Registered Nurse - ADN
- Registered Nurse - BSN
- Registered Nurse - Foreign Education
- Registered Nurse - Military Training

Save and Close Cancel



Applying for a License in MiPLUS and Education


Input the school and associated information. You must input the Education Program Code or processing could be delayed.


Education Information

1. Select an Education Program Name by clicking the search icon to the right of the field. Do not alter the Degree field, which will populate automatically based on Education Program Name selected.


2. Enter Date Graduated. To look up School Name, click search icon to the right of the field. Enter the Education Program Code, if this information is known. Do not alter any information below the line, such as Address, Phone Number, E-Mail, or Provider Number. **For Foreign or Military Education, type in the school name, address, and phone number.**

3. Click the Save and Close button when complete.

*** Education Program Name:** 

Degree: 

*** Date Graduated**



School Name: 

Education Program Code, if known:

Address 1:

Address 2:

Address 3:

City: **State:**  **Zip Code:** **Country:** 

Phone Number 1: **Phone Number 2:** **Fax:**



Applying for a License in MiPLUS

- To add/upload attachments, click **Add**. In the pop-up window click **Add** again, **Select the File**, then click **Continue and Save** once the attachment has been uploaded. Once the pop-up window for the attachment closes, click **Continue Application**. This is for the Social Security Affidavit, Continuing Education, Skills Competency, etc.

Attachments

Michigan requires all documents verifying education requirements (certification of completion or transcripts) and/or credential documents (Professional Report via CGFNS, NACES) be received from the primary source. Therefore, please DO NOT upload these documents as they will not be applied to your record. No licenses will be issued without the primary source documentation which comes directly from the issuing entity to the Bureau of Professional Licensing. These documents should be sent directly from the educational institution to bpldata@michigan.gov.

The maximum file size allowed is 150 MB.
html;htm;mht;mhtml are disallowed file types to upload.

File Upload ×

The maximum file size allowed is 30 MB.
html;htm;mht;mhtml are disallowed file types to upload.

Continue **Add** Remove All Cancel



Finalizing the Application

- Once you review the Summary Screen of all your answers, **you must Read the Certification, Check the Box**, then **click Continue Application**.

I understand that it is the policy of this agency to use the information provided in this application for Department of State Police, law enforcement investigation conducted by a similar licensure authority, of the federal government, or other law enforcement agency.

I certify that the statements in this application are true and correct, and I understand that any false or misleading information may result in denial of my application, disciplinary action, or other legal consequences.

By checking this box, I agree to the above certification.

[Continue Application »](#)

Finalizing the Application

- These are the **Application/Renewal Fees** and any **Conditions of Approval** (*what we consider requirements*).
- Click **Continue Application**.

Step 5: Pay Fees

Listed below are the license application fees based upon the information you've entered.

Application/Renewal Fees

| Fees | Qty. | Amount |
|-----------------------------------|------|----------|
| Nurse Relicensure Application Fee | 1 | \$155.00 |

TOTAL FEES: \$155.00

Note: This does not include additional inspection fees which may be assessed later.

Listed below are conditions that will be applied once you submit your application. Note that these conditions must be resolved or met before you can get approval from the agency.

Conditions of Approval

Showing 1-2 of 2

Licensing - 2 Pending

Nursing

CE Completion Certificates

CE Completion Certificates

Certification of Skill Competency


Certification of Skill Competency

[Continue Application »](#)



Finalizing the Application and Payment Information

Home Licenses Enforcement

 Apply for a License

Registered Nurse Application



Step 6: Pay Fees

Listed below are the license fees based upon the information you've entered.

License-Related Fees

| Fees | Qty. | Amount |
|-------------------------------|------|---------|
| RN Application Processing Fee | 1 | \$75.00 |
| RN Per Year License Fee | 1 | \$60.00 |

TOTAL FEES: \$135.00

Note: Click Continue Application to proceed to our payment processor.

[Continue Application »](#)



CUSTOMER DRIVEN. BUSINESS MINDED.

Finalizing Payment Information

LARA

Department of Licensing and Regulatory Affairs

MICHIGAN.GOV



Payment Method

MI Professional Licensing

Welcome to the CEPAS Credit Card Processing Payment Module for MI Professional Licensing.

This process is being used as a secure means of processing online payments 24 hours a day, seven days a week.




Payment may be made using a valid Credit or Debit card (Visa, MasterCard, or Discover).

In order to make a payment, please select 'Next' below.

* Indicates required field

Choose method of payment

Pay by credit card

LARA
LICENSING AND REGULATORY AFFAIRS

CUSTOMER DRIVEN. BUSINESS MINDED.

Finalizing Payment Information

Payment Information

MI Professional Licensing

To continue the payment process, click the "Next" button in the box below.

* Indicates required field

| Billing Address | |
|---|---|
| <input type="checkbox"/> Use Business Name | |
| *First Name: | <input type="text"/> |
| M.I.: | <input type="text"/> |
| *Last Name: | <input type="text"/> |
| *Street Line 1: | <input type="text"/> |
| Street Line 2: | <input type="text"/> |
| *City: | <input type="text"/> |
| *State: | Select State <input type="button" value="v"/> |
| *Zip: | <input type="text"/> |
| *Country: | UNITED STATES <input type="button" value="v"/> |
| *Phone: | <input type="text"/> |
| *E-Mail: | <input type="text"/> |
| Payment Details | |
| *Payment Amount: 135.00 USD | |
| Payment Method | |
| *Name on Card: | <input type="text"/> |
| *Card Number: | <input type="text"/> |
| *Expiration Date: | * Month <input type="button" value="v"/> * Year <input type="button" value="v"/> |
| *Card Verification Value(CVV2): | <input type="text"/> What's This? |
| <input type="button" value="Back"/> <input type="button" value="Next"/> <input type="button" value="Exit"/> | |

General Information

- You will receive an automated email with information/instructions and a form for completing your criminal background check.
- Applications and fees are valid for a 2-year period. Please apply after your program completion date.
- The school must send your Certification of Completion and/or your Official Transcript to: BPL-nursecert@Michigan.gov.
- You are expected to upload your Social Security Affidavit and Continuing Education via MiPLUS.
- All personal information changes need to be completed Online under the modification tab.



Online Resources

- Main Website: www.michigan.gov/miplus
- Questions: bplhelp@michigan.gov
- NCLEX information and registration: www.pearsonvue.com



Sample Fingerprint Request Form sent to email address on record

Title
Fingerprinting and Michigan Criminal Background Check Information

Attachment(s)

Content

Re: 470433XXXXX
Dear Alaina

FINGERPRINTING INFORMATION:

You will be required to be fingerprinted if you fall under any of the following situations:

- You have not been fingerprinted for a Michigan health professional license since October 1, 2008 (MCL333.16174)
- Your Michigan license has been lapsed for more than 3 years

To complete the fingerprinting process with Morpho Trust/Identogo you must use the **Michigan Criminal Background Check Fingerprint Request Form**. To download the form, click on your application record ID number above. If you have not already registered for a MiPLUS account then you will want to register as a new user. After logging in, select your pending license application under "My Records", then select "Attachments" under "Record Info". If your identifying information is incorrect, please contact our office at BPLHelp@michigan.gov or at [\(517\) 335-0918](tel:(517)335-0918). Identifying information must be correct on record with the Department prior to scheduling your appointment with Morpho Trust/Identogo.

Document Link (NOTE: Please login first): [205 MWBC Letter 20170801_155402.pdf](#)

Sincerely,
Licensing Division
Bureau of Professional Licensing



Sample NCLEX Letter emailed to your email address on record

Title

NCLEX Eligibility

Attachment(s)

Content

Dear Applicant:

The Michigan Board of Nursing has approved you to take the NCLEX Examination. If you ha

Once registered please email BPLHelp@michigan.gov or call us at (517) 373-8068.

Once you have registered with PPT and they have been notified that you are eligible for the e

Once you have received your Authorization to Test you must take the NCLEX within 90 days.

Passing letters will not be mailed to those who have passed the examination. If you receive a

If your name and/or address are changed before you take the NCLEX, please contact our offi

Sincerely,

Board of Nursing
Licensing Division
Bureau of Professional Licensing
(517) 373-8068

Comments



Certification of Completion emailed from the school to BPL-nursecert@Michigan.gov. Must be a PDF file.



Bureau of Professional Licensing
PO Box 30193 • Lansing, MI 48909
Telephone: (517) 373-8068
www.michigan.gov/bpl
BPL-nursecert@michigan.gov

MICHIGAN NURSING SCHOOL CERTIFICATION

Authority: 1978 PA 368

If this form is not completed, a license will not be issued

The Dean, Director, or Registrar of a nursing program in Michigan completes the information below and submits this certification directly to the Michigan Board of Nursing at BPL-NurseCert@michigan.gov in a PDF. Out-of-state and Canadian Applicants do not use this form. They **MUST** have their nursing school submit final official transcripts, showing the degree earned and graduation date to BPLData@michigan.gov in a PDF or to the address listed above.

Print or Type

| | |
|---|---|
| Student's Name (First, Middle, Last) | |
| Student's Social Security Number | Student's Date of Birth |
| Name of Nursing School where Student Graduated from | |
| Location of Nursing School | |
| Nursing Program Completion Date (<i>this is the date we will use to make the student eligible to take the NCLEX</i>) (Month/Day/Year) | |
| I further certify that the applicant has fulfilled all requirements for: | |
| Licensed Practical Nurse (LPN) | Registered Nurse (RN) |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Associate Degree |
| | <input type="checkbox"/> Bachelor Degree |
| Conferred Date: _____ <i>This is the graduation/commencement date (Month/Day/Year)</i> | |
| Signature of Dean, Director, or Registrar | Date of Signature |
| Type or Print Name of Dean, Director, or Registrar | |



Social Security Number Affidavit for Licensure



Telephone: (517) 335-0918

www.michigan.gov/bpl

Bureau of Professional Licensing
PO Box 30670 • Lansing, MI 48909

BPLHelp@michigan.gov SOCIAL

SECURITY NUMBER AFFIDAVIT FOR LICENSURE

Required Information:

| | | |
|------------------------|----------------------------|--|
| Applicant's First Name | Middle Name | Last Name |
| Telephone Number | Date of Birth (MM/DD/YYYY) | 10-Digit MI Permanent ID/License Number, if applicable |
| Email Address | | |

Pursuant to MCL 338.3434a of the Regulated Occupation Support Enforcement Act, 1996 PA 236, and MCL 333.16177 of the Michigan Public Health Code, 1978 PA 368, an individual applying for licensure **is required to provide his or her social security number at the time of application.** You must provide your social security number to the Department in writing.

This requirement does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.

Applicant's Social Security Number:

If you do not have a social security number you must provide a reason and complete the attestation below:

Social Security Number Waiver:

I attest/certify that I do not have a social security number and provide the written statement below attesting to that fact with the reason for which I do not have a social security number.

I further certify that the reason I do not have a U.S. Social Security Number is true and complete. I hereby affirm that I will provide my U.S. Social Security Number to the Department of Licensing and Regulatory Affairs upon receipt. I understand that any misrepresentation or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

Written statement and reason for not having a Social Security Number:



Let's talk Renewal

- Effective 7-17-2017, your initial RN/LPN license is good for 1 year. After your first renewal, your license will be valid for 2 years. All current Licensee's, after you renew in 2018, your new expiration date will be the date of your initial license.

Example: My initial license issued on 7-15-2010. I renew on 2-20-2018. My new expiration date is: 7-15-2020 and every 2 years thereafter.

- If in doubt, please refer to the expiration date on your license.



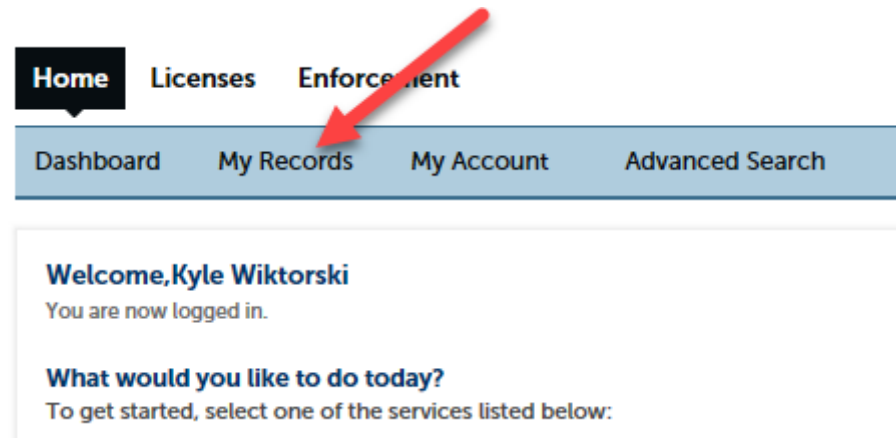
Renewals continued.....

- Licensees will be mailed a renewal notification postcard to their address on record approximately 60 days prior to the expiration date of the license. Remember to update all changes regarding email address and Postal Address in MiPLUS. Failure to keep personal information current is the licensee's responsibility. It's also a licensee's responsibility to renew his or her license on time. Failure to receive the renewal postcard notification, or to notify to Department of an address change, does not exempt a licensee from renewing their license on time.
- You can renew online at **www.michigan.gov/MiPLUS** using a credit card containing a Discover, MasterCard, or Visa logo.



Modifications (used to update personal information, apply for relicensure and specialty certifications)

Login to your MiPLUS account. Then click “My Records”



Modifications (used to update personal information, apply for relicensure and specialty certifications)

Your license information should appear. Click the “Modification” link.

Home Licenses Enforcement

Dashboard **My Records** My Account Advanced Search

Licenses

Showing 1-2 of 2 | Add to collection

| <input type="checkbox"/> | Record Type | Record Number | Date | Name | Expiration Date | Status | Action |
|--------------------------|----------------------------------|--------------------|------------|-----------------|-----------------|----------|--------------|
| <input type="checkbox"/> | Nurse License Modification | 4703315041MOD17028 | 07/07/2017 | | | Approved | |
| <input type="checkbox"/> | Licensed Practical Nurse License | 4703315041 | 07/07/2017 | Wiktorski, Kyle | 07/09/2018 | Active | Modification |



Modifications (used to update personal information, apply for relicensure and specialty certifications)

Select the appropriate box for the change being made

Step 1: Modification Information > Modification Information

| Modification Information | |
|-------------------------------------|--------------------------|
| Name Modification | |
| Name Change: | <input type="checkbox"/> |
| Mailing Address Modification | |
| Mailing Address Change: | <input type="checkbox"/> |
| Email Modification | |
| Email Address Change: | <input type="checkbox"/> |
| Phone Modification | |
| Phone Number Change: | <input type="checkbox"/> |
| Other Modifications | |
| Other Information Change: | <input type="checkbox"/> |

[Continue Application »](#)



CUSTOMER DRIVEN. BUSINESS MINDED.

Modifications (used to update personal information, apply for relicensure and specialty certifications)

You may upload supporting documentation (marriage license, divorce decree, ssn affidavit) if needed.

Home **Licenses** Enforcement

Apply for a License Search & Renew Licenses

Nurse License Modification

| | | | |
|----------------------------|-----------------|----------|------------|
| 1 Modification Information | 2 Documentation | 3 Review | 4 Pay Fees |
|----------------------------|-----------------|----------|------------|

Step 2: Documentation > Documentation

Attachment

The maximum file size allowed is 30 MB.
html;htm;mht;mhtml are disallowed file types to upload.

| Name | Type | Size | Latest Update | Action |
|-------------------|------|------|---------------|--------|
| No records found. | | | | |

Add

Continue Application >



Modifications (used to update personal information, apply for relicensure and specialty certifications)

They then review the changes that were made, check the certification box, and submit the modification.

| | | | | |
|----------------------------|-----------------|----------|------------|-------------------|
| 1 Modification Information | 2 Documentation | 3 Review | 4 Pay Fees | 5 Record Issuance |
|----------------------------|-----------------|----------|------------|-------------------|

Step 3: Review

[Continue Application »](#) [Save and resume later](#)

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on. You must check the box to agree to the certification at the bottom of the page before you can continue.

Record Type

Nurse License Modification

Modification Information

| | | |
|-------------------------------------|------------|----------------------|
| Name Modification | | Edit |
| Name Change: | No | |
| Mailing Address Modification | | Edit |
| Mailing Address Change: | No | |
| Email Modification | | Edit |
| Email Address Change: | No | |
| Phone Modification | | Edit |
| Phone Number Change: | Yes | |
| New Primary Phone: | 5172419294 | |
| New Secondary Phone: | | |
| Other Modifications | | Edit |
| Other Information Change: | No | |

Attachment [Edit](#)

The maximum file size allowed is 30 MB.
html,htm,mht,mhtml are disallowed file types to upload.

| Name | Type | Size | Latest Update | Action |
|-------------------|------|------|---------------|--------|
| No records found. | | | | |



Modifications (used to update personal information, apply for relicensure and specialty certifications)

Attachment Edit

The maximum file size allowed is 30 MB.
html,htm,mht,mhtml are disallowed file types to upload.

| Name | Type | Size | Latest Update | Action |
|-------------------|------|------|---------------|--------|
| No records found. | | | | |

to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, specialty licensure, or specialty certification board or task force of this or any other state, United States military, federal government, or another country.
I certify that the statements in this application are true and complete, including any and all attached documents and information provided as part of this application. I understand that any omitted statement, misrepresentation, or fraud of any of the documents and information provided on or as part of this application may be cause for denial of my application, disciplinary action, and/or may be punishable by law. 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.

By checking this box, I agree to the above certification. Date:

[Continue Application »](#) [Save and resume later](#)

