

PLEASE NOTE:

Pursuant to Michigan Public Health Code, Section 333.16222(3), "A licensee or registrant shall notify the department of any criminal conviction within 30 days after the date of the conviction. Failure of a licensee or registrant to notify the department under this subsection shall result in administrative action under sections 16221 and 16226."

Pursuant to Michigan Public Health Code, Section 333.16222(4), "A licensee or registrant shall notify the department of any disciplinary licensing or registration action taken by another state against the licensee or registrant within 30 days after the date of the action. This subsection includes, but is not limited to, a disciplinary action that is stayed pending appeal. Failure of a licensee or registrant to notify the department under this subsection shall result in administrative action under sections 16221 and 16226."

Criminal Requirements – Report within 30 days after Conviction Date

Send a letter stating that you are self-reporting and provide a synopsis of the incident/conviction which you are reporting and include the following:

Your Full Name
Your Date of Birth
Your Health Professional License Number
The Name of the Court Where Conviction Took Place
The Court's Case Number
The Date of the Conviction
The Conviction Charge
The Date of the Offense
The Name of the Police Agency Involved
The Police Agency's Report/Incident Number

Please send the information via regular mail to:

Terri Schrauben, Departmental Analyst
Department of Licensing & Regulatory Affairs
Bureau of Health Care Services
Enforcement Division, Allegation Section
P.O. Box 30670
Lansing, MI 48909-8170

Please send overnight mail to:

Terri Schrauben, Departmental Analyst
Department of Licensing & Regulatory Affairs
Bureau of Health Care Services
Enforcement Division, Allegation Section
611 W. Ottawa St., 1st Floor
Lansing, MI 48933-1070

If fax is necessary, send to:

Terri Schrauben, Departmental Analyst
Bureau of Health Care Services
Enforcement Division, Allegation Section

Direct Dial: (517) 335-4334
Fax: (517) 241-2389

Sister State Requirements – Report within 30 days after Disciplinary Action

Send a letter stating that you are self-reporting and provide a synopsis of the disciplinary action that you are reporting and include the following:

Your Full Name
Your Date of Birth
Your Health Professional License Number
The State the Disciplinary Action Took Place
The State's Case/File Number
The Date Disciplinary Action Imposed
The Disciplinary Action Taken

If the Sister State Disciplinary Action was taken based on Criminal Activity, also provide information above related to the conviction information.