

Michigan Department of Licensing and Regulatory Affairs
Corporations, Securities & Commercial Licensing Bureau
Schools and Licensing Section
P.O. Box 30018, Lansing, MI 48909
517-241-9221
www.michigan.gov/pss

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License Number	

APPLICATION FOR TEMPORARY PERMIT OR LICENSE TO OPERATE A PRIVATE TRADE, BUSINESS SCHOOL OR INSTITUTE

AUTHORITY: 1943 PA 148
PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION
AND/OR DISCIPLINARY ACTION

School Name		Telephone Number	
Name of Individual or other legal entity that owns the school			
Physical Location	City	State	ZIP Code
Fax Number	Website and E-Mail Address		Public Assembly Sites
School's Mailing Address (if different from physical location)			
Name of Contact Person			
Contact Telephone Number	Contact E-Mail Address		

Enclose the following information:

- Fire Inspection or Certificate of Occupancy.
- Proposed Advertising, including website materials.
- Surety pursuant to MCL 395.102b - if in the form of a Surety Bond it must be payable to the State of Michigan, in the name of the school, to indemnify students for loss due to the closing of the school, in an amount as provided in rule 2a, R 390.562a. (Must be a minimum of \$5,000)
- List of equipment supplied by the school.
- Drawing of the Instructional Facility, including size and layout of classrooms and laboratories.
- Position description, including job duties, license or certification requirements, minimum education and work experience requirements, for **each** instructional and administrative position related to each of the programs listed.
- Proof of accreditation, if applicable.
- Health Inspection, if applicable.
- Medical Waste Producing Facility Registration, if applicable.

FEE PAYMENT INFORMATION (Check Appropriate Box)	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY - VALIDATION
<input type="checkbox"/> In-State Accredited Fee \$1425.00	8601-01 = \$1425.00	
<input type="checkbox"/> In-State Non-Accredited Fee \$1425.00	8604-01 = \$1425.00	
<input type="checkbox"/> Out-of-State Accredited (no MI location) Fee \$565.00	8602-01 = \$ 565.00	
<input type="checkbox"/> Out-of-State Non-Accredited (no MI location) Fee \$565.00	8605-01 = \$ 565.00	
Make your check or money order in U.S. Currency payable to:		
STATE OF MICHIGAN		
FEES ARE AUTHORIZED BY 1943 PA 148		

VERIFICATION AND SIGNATURE

I certify that the statements in this document are true and completed. 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.

Printed Name and Signature

Date

Sign Below Where Applicable

Programs including Clinicals, Internships or Externships - I hereby attest that the program(s) listed has less than 50% of the program hours dedicated to clinicals, internships or externships. I am aware I must provide the information on who arranges and who supervises the clinical, internship or externship, as well as where it will be held and whether it is paid or unpaid. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

Signature

Date

Programs Requiring Additional Inspections - I hereby attest that all additional required inspections and registrations have been obtained. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

Signature

Date

Emergency Medical Services Program (Paramedics, EMT, First Responders) - I hereby attest that the program(s) listed has the joint approval required from the Michigan Department of Health and Human Services. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

Signature

Date

Nurse Aide or Nursing Programs - I hereby attest that the curriculum for the program(s) listed has the joint approval from the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

Signature

Date

Real Estate, Appraisal and Builders Programs - I hereby attest that the curriculum for the program(s) listed has the joint approval required from the Michigan Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

Signature

Date

Massage Therapy Program - I hereby attest that the massage therapy curriculum for the program(s) listed is compliant with the administrative rules promulgated by the Bureau of Professional Licensing, Board of Massage Therapy and meets the requirements of the rules (R 338.705 and R 338.707). I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law.

Signature

Date

PROPOSED PROGRAM TO BE OFFERED

COMPLETE FOR EACH PROGRAM BEING OFFERED

Program Title			
	Course Title	Number of Clock Hours of Instruction	Credit Hours (Accredited schools only)
Course 1			
Course 2			
Course 3			
Course 4			
Course 5			
Course 6			
Course 7			
Course 8			
Course 9			
Course 10			
Course 11			
Course 12			
Course 13			
Course 14			
Course 15			
Course 16			
Course 17			
Course 18			
Course 19			
TOTALS			

Attach additional pages if necessary.