

STATE OF MICHIGAN BUREAU OF
HEALTH PROFESSIONS

FY 2010 REPORT TO THE LEGISLATURE HEALTH

PROFESSIONAL DISCIPLINARY REFORM
Public Acts 79, 80, and 87 of 1993

Reporting Period: October 1, 2009 to September 30, 2010

REPORT TO THE LEGISLATURE

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SECTION 1

SUMMARY OF LEGISLATIVE REPORTING REQUIREMENTS

SUMMARY OF LEGISLATIVE REPORTING REQUIREMENTS AND STATUTORY TIMEFRAMES FOR ACTION

The reports in Section 3 and Section 4 fulfill the legislative reporting requirement pursuant to MCL 333.16241 (8) (a), (b), (c), (d) and (e). These regulations require the Bureau of Health Professions to report the following regarding disciplinary actions taken against health professional licensees:

- Allegations Received
- Investigations Authorized
- Complaints Issued
- Cases Closed Without Disciplinary Action
- Disciplinary Actions Taken (By Type of Complaint and Health Profession)
- Actions Rendered by Disciplinary Subcommittee or Board
- Number of Cases Granted Extensions
- Recommendations made by Boards and Task Forces

These reports must provide this information as both a summary of all Boards combined as well as by each individual Board. With respect to cases that were granted extensions, the following is a description of the statutory timeframes for processing complaints:

- 1) Investigation Authorized to Complaint Filed: This is a 90-day time period set forth in MCL 333.16123(5). At the time a file is transferred for complaint drafting, the 90-day period begins. The Department has 90 days to issue a formal complaint, conduct a compliance conference, issue a summary suspension, issue a cease and desist order, or dismiss the complaint. One 30-day extension, making a total of 120 days, is allowed during this period.
- 2) Compliance Conference Held to Hearing Held: This 60-day time period is set forth in MCL 333.16231a(1) and requires a hearing to be conducted within 60 days after a compliance conference, at which an agreement is not reached, or after the agreement is rejected by the disciplinary subcommittee.
- 3) Hearing Record Received by Disciplinary Subcommittee (DSC) to Decision Rendered: MCL 333.16232(3) requires a disciplinary subcommittee to meet and impose a penalty within 60 days after the receipt of the recommended findings of fact and conclusions of law from a hearings examiner.
- 4) Investigation Authorized to Disciplinary Subcommittee Rendered Decision: The entire disciplinary process, from the initiation of an investigation to the final decision by the disciplinary subcommittee, must be completed within one year pursuant to MCL 333.16237(5).

SECTION 2

FY 2010 LEGISLATIVE REPORT NARRATIVE

FY 2010 LEGISLATIVE REPORT

This report has been prepared pursuant to Public Act 79 of 1993. This act requires that the Michigan Department of Community Health (MDCH) annually report to the legislature all investigations pursued and disciplinary actions taken with health professionals by their respective occupational boards under the provisions of Article 7 and Article 15 of the Public Health Code, per MCL 333.16241 (8) (a), (b), (c), and (e). This information is summarized in Section 3 of this report in the *FY 2010 Licensing 2000 Data Summary*, which is compiled from the L2K database used by the Bureau of Health Professions, Michigan Department of Community Health. Public Act 79 also requires that the MDCH annually report any recommendations made by boards or task forces, per MCL 333.16241 (8) (d). All such recommendations are contained in Section 4 of this report in the *FY 2010 Annual Report of the Bureau of Health Professions*. The FY 2010 Legislative Report reflects actions taken during the fourteenth year of operation under the Health Professional Disciplinary Reform Legislation.

During the period October 1, 2009 to September 30, 2010, the Bureau of Health Professions (BHP) processed a total of 3461 allegations (Section 3, page 1). Of the 3461 allegations received in FY 2010, the most frequent were for Negligence-Incompetence (36%), Criminal Conviction (12%), Sister State Disciplinary Action (11%), Substance Abuse (8%), Continuing Education (5%), and Drug Diversion (4%). The 3461 allegations received in FY 2010 represent a slight decrease (22 files) from the previous year, or a decrease of 0.063%. In addition to this slight difference in the twelve-month allegation totals between this year's report and the 2009 report, a comparison of changes seen in the allegation category totals can also be made. This report will attempt to identify and explain consistent trends observed in increased or decreased allegation totals or categories when possible. Between April 1, 1994 and September 30, 2010, there have been a total of 41,049 allegations received encompassing all licensing boards since the effective date of the Health Professional Disciplinary Reform Legislation. The allegation data in Section 3 reveals both the FY 2010 BHP totals by category, as well as the individual Board totals by category. Among the larger allegations categories, the most significant percent *increases* seen between 2009 and 2010 were in Betrayal of Professional Confidence (+56%), Insurance Fraud (+24%) and Sister State Disciplinary Action (+19%). The most significant *decreases* seen between 2009 and 2010 were in Probation Violation (-43%), Drug Diversion (-31%) and Practice Outside Scope (-19%). The large increases or decreases from one year to the next in any allegation category usually represent normal fluctuations in the types of allegations received by the bureau.

Section 3 (page 2) shows there were 1099 investigations authorized from the 3461 allegations received in FY 2010, representing 32% of all allegations authorized for investigation. This compares with 2009, when 32% of 3483 allegations received were authorized for investigation. There were 787 administrative complaints filed in FY 2010, compared to 832 in 2009. Of these 787 administrative complaints, 101 (13%) were

closed or dismissed in FY 2010. There was an increase of 37 (5%) from 2009 to 2010 in the total number of disciplinary actions taken (Section 3, page 3). Of the 766 disciplinary actions taken against the licensees in FY 2010, the most frequent were; Probation (39%), Suspended License (31%), Fine Imposed (12%), and Limited/Restricted License (6%). A breakdown of the 992 files exceeding time frames in FY 2010 (Section 3, page 2) reveals that 88% of these were in the categories of Drug Diversion (128), Negligence-Incompetence (641), Substance Abuse (46), Sexual Misconduct (26), and Insurance Fraud (27). These file categories represent the type of files that often require extensive documented research, subpoena requests, expert evaluations, and investigation. Due to the extensive amount of time needed for these types of investigations, the file often exceeds our designated time frames and an extension is thus requested.

Section 4 of this report is the FY 2010 Annual Report of the Bureau of Health Professions. This section provides a summary of licensing and regulatory activity of the BHP between October 1, 2009 and September 30, 2010. There may be small discrepancies between the data contained in Section 3 and Section 4 of this report. These discrepancies are due to updates and minor corrections revealed in the more recent L2K information shown in Section 3 compared to the Section 4 figures. Section 4 (page 10-11) reveals the recommendations made by boards and task forces. In FY 2010, there were 11 administrative rules amended and 3 rules rescinded for the Board of Optometry (see pages 45 and 46 of BHP Annual Report). There were 20 new rules promulgated by the Board of Athletic Trainers (see pages 15 and 16 of BHP Annual Report).

SECTION 3

FY 2010 LICENSING 2000 DATA SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS

**Annual Legislative Report
10/01/2009-09/30/2010**

	AUD	CHIRO	CNA	COUN	DENT	MED	MFT	NHA	NURS	OPT	OST	OT	PA	PHAR	POD	PSY	PT	RT	SW	VET	BUREAU
Allegations Received																					
Advertising	0	1	0	0	27	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	30
Betrayal of Professional Confidence	0	0	0	2	1	5	0	0	7	0	1	0	1	1	0	5	0	0	5	0	28
Continuing Education	0	15	0	0	23	8	0	8	28	7	15	0	0	17	2	0	0	0	42	0	165
Criminal Conviction - Other	0	10	14	1	14	43	0	2	238	0	17	3	3	23	3	16	10	4	12	4	417
Drug Diversion	0	0	0	0	3	11	0	0	88	0	6	0	1	25	0	1	0	0	0	6	141
Failure to Meet Licensing Requirements	0	1	0	0	1	2	0	0	3	0	1	0	0	0	0	0	0	1	5	1	15
Failure to Report/Comply	0	0	0	0	0	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	6
Insurance Fraud	0	2	0	1	8	9	1	0	1	0	4	0	0	6	1	3	1	0	4	0	41
Lack of Good Moral Character Mental or Physical Impairment	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	1	0	5
Misappropriation of Resident Property	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11
Misrepresentation to Patient	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Negligence - Incompetence	1	8	0	15	111	361	3	42	372	3	88	4	16	62	6	40	9	2	45	44	1232
No Jurisdiction	0	4	45	4	23	112	0	2	121	3	20	0	2	12	1	17	6	2	18	0	392
Patient Abuse	0	0	63	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	63
Practice Outside Scope	0	5	0	0	0	2	0	0	25	0	0	0	0	0	0	2	1	0	2	0	37
Probation Violation	0	1	0	0	2	2	0	0	28	0	1	0	0	2	0	0	1	0	1	2	40
Promoting Unnecessary Services	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Refusal to Release Patient Records	0	1	0	0	5	13	0	0	0	0	7	0	0	0	1	1	0	0	1	0	29
Sexual Misconduct	0	1	0	2	0	12	0	0	6	0	4	0	0	0	0	5	1	0	8	1	40
Sister State Disciplinary Action	0	0	4	0	24	171	0	1	77	0	44	0	8	29	1	1	8	0	0	8	376
Substance Abuse	0	2	0	0	3	12	0	0	233	0	5	3	2	17	0	3	1	1	7	1	290
Technical Violation	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Technical Violation of Article 7	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	5
Unethical Business Practices	0	5	0	0	6	8	0	0	0	1	0	0	0	2	0	0	1	0	1	2	26
Unlicensed Person	1	2	0	0	7	0	0	0	4	1	0	1	0	1	0	1	1	0	5	0	24
Unsanitary Condition	0	0	0	0	4	8	0	0	2	0	1	0	0	0	0	0	0	0	0	2	17
Total	2	58	137	26	263	791	4	55	1252	15	219	11	33	204	15	95	40	10	159	72	3461

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS

Annual Legislative Report

10/01/2009-09/30/2010

	AT	AUD	CHIRO	CNA	COUN	DENT	MED	MFT	NHA	NURS	OPT	OST	OT	PA	PHAR	POD	PSY	PT	RT	SAN	SW	VET		BUREAU	
Investigations Authorized	0	2	13	11	14	94	243	2	19	377	6	61	7	8	91	9	39	14	2	0	62	25	0	1099	
Investigations Conducted	0	1	16	10	13	82	229	0	17	370	4	81	10	12	77	10	32	11	7	0	46	30	0	1058	
Extensions Granted																									
Advertising	0	0	1	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	
Betrayal of Professional Confidence	0	0	0	0	1	1	0	0	0	5	0	1	0	0	0	0	0	0	1	0	3	0	0	12	
Criminal Conviction Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Drug Diversion	0	0	0	0	0	4	12	0	0	82	0	9	0	1	14	0	1	0	0	0	0	5	0	128	
Failure to Meet Licensing Requirements	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
Insurance Fraud	0	0	1	0	0	6	6	1	0	0	0	1	0	0	3	1	2	3	0	0	3	0	0	27	
Lack of Good Moral Character	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	2	
Mental or Physical Impairment	0	0	0	0	0	1	3	0	0	4	0	1	1	0	0	0	0	0	0	0	0	1	0	11	
Misappropriation of Resident Property	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	
Negligence-Incompetence	0	1	5	1	8	49	188	0	25	189	2	35	6	9	41	7	28	7	0	0	26	14	0	641	
Negligence-Incompetence/MALP	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	
Patient Abuse	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	
Practice Outside Scope	0	0	1	0	1	0	1	0	1	14	0	0	0	0	0	0	2	1	0	0	3	0	0	24	
Promoting Unnecessary Services	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Sexual Misconduct	0	0	0	0	2	0	9	0	0	4	0	3	0	0	0	0	4	0	0	0	4	0	0	26	
Substance Abuse	0	0	0	0	0	0	0	0	0	42	0	1	1	0	2	0	0	0	0	0	0	0	0	46	
Technical Violation	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	2	
Technical Violation of Article 7	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Unethical Business Practices	0	0	2	0	0	3	6	0	0	0	1	0	0	0	3	0	0	1	0	0	2	0	0	18	
Unlicensed Person	0	1	0	0	0	5	0	0	0	6	1	0	1	0	0	1	1	1	0	0	5	1	0	23	
Unsanitary Conditions	0	0	0	0	0	4	4	0	0	0	0	4	0	0	0	0	0	0	0	0	0	2	0	14	
Total	0	2	11	8	12	77	233	1	26	348	5	55	9	10	64	9	38	13	1	0	47	23	0	992	
Complaints Issued																									
Total Complaints Filed	0	0	22	16	8	55	82	1	11	360	6	37	9	2	73	7	12	6	6	0	60	14	0	787	
Settlements Reached By Department																									
Total Final Orders	0	1	16	11	9	68	104	0	4	394	4	44	5	6	94	7	21	10	5	0	60	15	0	777	
Investigations and Complaints Closed or Dismissed																									
Complaints Dismissed	0	0	3	0	1	9	22	0	1	26	0	11	0	1	10	1	4	0	0	0	10	2	0	101	
Actions Taken by Disciplinary Subcommittee or Board																									
Board Rendered Decision	0	1	2	0	3	4	4	0	0	35	0	1	0	0	12	0	8	2	0	0	4	1	0	77	
DSC Rendered Decision	0	1	12	0	7	56	96	0	3	357	2	41	6	10	82	6	21	7	5	0	61	14	0	787	

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS

Annual Legislative Report
10/01/2009-09/30/2010

	AUD	CHIR	CNA	COUN	DENT	MED	NHA	NURS	OPT	OST	OT	PA	PHAR	POD	PSY	PT	RT	SW	VET	BUREAU
Disciplinary Actions:		O																		
CNA Flagged Fine	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11
Imposed License	0	1	0	0	9	28	0	10	1	10	0	1	26	0	1	2	0	0	1	90
Denied Limited /	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	1	1	0	5
Restricted	0	1	0	1	6	15	0	6	0	3	0	0	6	1	5	2	0	3	1	50
Probation	1	5	0	3	29	12	1	162	3	13	1	2	25	2	4	1	3	24	7	298
Reinstatement Denied	0	1	0	1	1	3	0	9	0	1	0	0	2	1	0	1	0	1	0	21
Reprimanded	0	0	0	0	0	0	0	8	0	0	1	0	3	0	0	0	1	1	1	15
Revoked	0	2	0	2	1	2	0	1	0	0	1	2	0	0	0	1	0	0	0	12
Suspended	0	2	0	1	8	10	2	161	0	3	2	0	15	2	6	2	0	18	2	234
Voluntarily Surrendered	0	1	0	0	4	7	0	10	0	1	0	0	4	0	0	0	0	2	1	30
Total Disciplinary Actions	1	13	11	8	58	78	3	367	4	31	5	5	81	6	17	10	5	50	13	766

SECTION 4

FY 2010 ANNUAL REPORT OF THE BUREAU OF HEALTH PROFESSIONS

*Michigan Department
of Community Health*



Rick Snyder, Governor
Olga Dazzo, Director

2009/2010 ANNUAL REPORT

OF THE

BUREAU OF HEALTH PROFESSIONS

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

Bureau of Health Professions

Bureau Administration

Melanie Brim, Director	(517) 373-8068
Health Professional Recovery Program	(800) 453-3784
Web Site Address	www.michigan.gov/healthlicense
Professional Practice Section	(517) 373-8068

Licensing Division

Joseph Campbell, Director	(517) 373-6873
Application Section	(517) 335-0918
Customer Service Section	(517) 335-0918
Credentials Section	(517) 335-0918
Program Operations Section	(517) 335-0918
Nurse Aide Registry	(517) 241-0554

Investigation Division

Ray Garza, Director	(517) 373-1737
Allegation Section	(517) 373-9196
Investigation Section (Lansing)	(517) 373-1737
Investigation Section (Detroit)	(313) 256-2840
Pharmacy Programs (Lansing)	(517) 373-1737
Michigan Automated Prescription System (MAPS)	(517) 373-1737

Regulatory Division

Rae Ramsdell, Director	(517) 335-7212
Policy/Board Support Section	(517) 335-0918
Enforcement Section	(517) 373-4972
Compliance Section	(517) 335-3114
Michigan Medical Marihuana Program	(517) 373-0395

Bureau of Health Professions

The mission of the Bureau is to protect and preserve the health, safety and welfare of the citizens of Michigan by supporting a qualified healthcare workforce through the licensing, professional development and regulation of health professionals. Our goals are to:

- ☐ Provide a high level of service to all stakeholders by conducting business in a courteous, professional and timely manner.
- ☐ Provide a fair, consistent and timely process for those applying for a license or registration and maintain accurate records of those licenses and registrations issued.
- ☐ Provide an objective, efficient and timely process for addressing allegations involving health professionals licensed or registered by the Bureau and develop proactive policies and procedures designed to enhance the health, safety and welfare of the citizens of Michigan.
- ☐ Promote the continuous development of the individual health professional and address current and emerging issues of the health care industry.
- ☐ Provide the public with information and educational resources regarding the licensing, regulation and practice standards of health professions.
- ☐ Collaborate with stakeholders to explore issues impacting the supply, training and employment of individual health care professions.

The authorization of each of the designated professions is through legislative action or federal mandate as in the case of the nurse aide registry. Most of the professions have a board consisting of licensed health professionals and public members who establish the educational, examination and general practice requirements. These requirements are established either in the legislation that authorizes the regulation of the profession or in the administrative rules for that board. Additionally the boards are responsible for disciplining licensed/registered individuals who violate the provisions of the Public Health Code, PA 368 of 1978, as amended. The board members are appointed by the Governor and typically serve for two terms of four years each.

The board elects a chair and a vice chair each year. These individuals can be either licensed professionals or public members. The board chair must appoint a disciplinary subcommittee which consists of two public members and three professional members. The disciplinary subcommittee must be chaired by a public member. This committee reviews most of the disciplinary cases and determines the sanction that needs to be imposed on the regulated individual.

Regulation of the health professionals come in three different levels of authorized practice:

- license where only health professionals that hold the credential can practice in Michigan
- registration where only health professionals who hold the credential can call themselves by that name but other qualified individuals can practice that profession as long as they do not use the protected title

- certification where a registry is created that indicates individuals who have met a specified level of educational training and experience and completed an examination, if appropriate. Neither the title nor the practice are limited to those who hold the credential but all of those who hold the credential have met pre-established criteria

The Bureau is divided into four operational divisions: Administration, Licensing, Investigation and Regulatory.

The **Administration Division** establishes overall policy for the Bureau, handles personnel, tracks legislation that may impact professions, provides support for the Professional Practice Section and the Advisory Committee on Pain and Symptom Management.

The **Licensing Division** is responsible for all aspects of the application and renewal process for all of the Bureau's regulated professions as well as the continuing education program for the relevant boards. The Licensing Division also is responsible for the approval of educational programs for nurses and nurse aides. The staff who operate the Long Term Care Background Check process, which determines eligibility to work based on mandatory inquiries by employers regarding the criminal history of applicants, was transferred to the Licensing Division.

The **Investigation Division** receives any reports regarding possible violations of the Public Health Code by regulated individuals. They review the allegations, investigate cases authorized for further review by the Boards and collect any information that will assist in identifying individuals who may be endangering the public. They also oversee the automated controlled substance prescription tracking system and pharmacy inspections and operations.

The **Regulatory Division** is responsible for filing formal complaints against individuals based on the information provided by the Investigation Division and completing the disciplinary process with final decisions made by the relevant board. Any disciplined licensee must also be monitored by the Division to ensure that the terms of board orders are met. Additionally, this Division oversees the meetings of each of the boards and the promulgation of administrative rules and responds to Freedom of Information Act requests for information. The oversight of the Health Professional Recovery Program, which provides a non-punitive monitoring program for regulated individuals who have substance abuse or mental health disorders that are impacting their ability to practice, is also part of this Division's responsibility. With the passage of a ballot proposal in November 2008, this Division also became responsible for the registry of users of medical marihuana.

Additional information for many of these programs can be located in this report.

Fiscal Year 2009/2010 Budget

Appropriated F.T.E.s	147
Legislative Appropriation	\$24,598,200
FINANCIAL PLAN:	
Salary and Wages	\$8,275,700
Longevity and Insurance	\$1,811,500
Retirement & FICA	\$2,666,500
CSS&M	\$1,688,200
Travel	\$137,000
Contracts	\$8,145,300
TOTAL	\$22,724,200

Licensing Statistics

<i>Professions Licensees</i>	<i>Applications Received</i>	<i>Examinations # of Applicants Processed</i>	<i>Written Verifications/ Certifications</i>	<i>Renewals</i>	<i>Total Licensees</i>
Athletic Trainer					
Athletic Trainer	335			0	133
Audiology					
Audiologist	27		20	262	513
Audiologist Limited	0			1	1
Chiropractic					
Chiropractors	122		102	1,352	2,869
Ed. Ltd. Chiropractor	38			0	32
Counseling					
Counselors	274		52	1,747	5,683
Ed. Ltd. Counselors	586			2,174	2,605
Dentistry					
Dentists	184		309	2,370	7,693
Dentist Limited	0			2	2
Dentist – Nonclinical Ltd.	0			1	1
Ed. Ltd. Dentists	19			20	48
Clinical Academic Dentists	7			39	51
Dental Specialists		29 (100% Passed)	0		
Prosthodontist	2			17	58
Endodontist	8			47	174
Oral Surgeon	8			69	239
Orthodontist	10			105	371
Pediatric Dentist	7			35	121
Periodontist	7			49	152
Oral Pathologist	0			2	8
Dental Hygienists	368		167	3,237	10,297
Clinical Academic Hygienists	0			0	0
Nitrous Oxide Certification	94				2,042
Local Anesthesia Certification	96				2,595
Dental Assistants	146	172 (81% Passed)	5	469	1,525
Dental Asst – Nonclinical Ltd.	0			1	1
Dentist – Special Volunteer	2			4	18
Marriage and Family Therapy					
Marriage & Family Therapists	28	11 (82% Passed)	7	324	705
Ed. Ltd. MFT	23			71	94

**Department of Community Health
Bureau of Health Professions**

2009/2010 Annual Report

<i>Professions Licensees</i>	<i>Applications Received</i>	<i>Examinations # of Applicants</i>	<i>Written Verifications/ Certifications</i>	<i>Renewals</i>	<i>Total Licensees</i>
Medicine					
Medical Doctors	1,595	307 (91% Passed)	*223	9,923	31,993
Medical Doctor – Limited	0			0	0
MD – Special Volunteer	11			14	35
Clinical Academic MD	23			47	71
Ed. Ltd. MD	1,286			2,604	3,892
Nurse Aides		10,151		19,763	56,634
Nursing					
Registered Nurses	7,058	5,595 (71% Passed)	4,273	63,211	132,462
RN Provisional	184				71
Nurse Specialists					
Anesthetists	137			1,109	2,399
Midwives	19			148	316
Practitioners	303			1,824	3,899
Practical Nurses	2,044	1,734 (91% Passed)	504	12,696	27,509
Nursing Home Administrators	154	State 145 (57% Passed) Nat'l 125 (66% Passed)	20	662	1,211
Occupational Therapy					
Occupational Therapists	215		160	2,375	4,655
Occupational Therapy Assts.	131		49	639	1,344
Optometry					
Optometrists	68		41	772	1,612
DPA Specialty Certification				0	1,536
TPA Specialty Certification				0	1,500
OPT & TPA Specialty Cert.	39				32
Osteopathic Medicine & Surgery					
Osteopathic Doctors	353		*32	2,140	6,806
Clinical Academic DO	0			0	0
Ed. Ltd. DO	438			705	1,138
Osteo – Special Volunteer	0			0	1
Pharmacy					
Pharmacists (NAPLEX)	565	467 (85% Passed)	200	6,354	13,041
Jurisprudence		532 (89% Passed)			
Ed. Ltd. Pharmacists	522			1,162	1,473
Pharmacies	233		123	1,537	3,108
Manufacturer/Wholesaler	161		174	445	1,056

**Department of Community Health
Bureau of Health Professions**

2009/2010 Annual Report

<i>Professions Licensees</i>	<i>Applications Received</i>	<i>Examinations # of Applicants</i>	<i>Written Verifications/ Certifications</i>	<i>Renewals</i>	<i>Total Licensees</i>
Physical Therapy					
Physical Therapists	429	1,044 (40% Passed)	1,045	4,558	9,194
Phys Ther Assist - Limited	3,272	156 (81% Passed)		0	3,018
Physician's Assistant					
Physician Assistants	246		87	1,706	3,552
Podiatric Medicine and Surgery					
Podiatrists	22	19 (95% Passed)	41	231	765
Ed. Ltd. Podiatrists	31			30	58
Psychology					
Psychologists	102	119 (61% Passed)	96	1,399	2,858
Doctoral Limited	100			155	232
Masters Limited	231			1,706	3,648
Temporary Limited	282				383
Respiratory Care					
Respiratory Therapists	321		61	2,311	4,857
Sanitarian					
Sanitarians	4		1	267	508
Social Work			258		
Social Services Technician	110			639	1,616
Social Services Ltd. Tech.	9			17	25
Bachelors Social Worker	71	66 (80% Passed)		2,252	4,647
Bachelors Ltd. S.W.	239			544	735
Masters Social Worker	682	Clinical 924 (58% Passed) Macro 61 (43% Passed)		6,731	13,711
Masters Ltd. S.W.	925			2,892	3,719
MSW Macro Specialty	2			0	11,887
MSW Clinical Specialty	3			0	13,488
Veterinary Medicine					
Veterinarians	144		186	1,713	3,752
Clinical Academic Vet.	12			62	77
Ed. Ltd. Vet.	3			0	2
Veterinary Technicians	184	Mich. 164 (86% Passed) Nat'l 134 (93% Passed)	20	1,210	2,408
TOTAL	24,848		8,256	145,803	331,219
(Total Licensees does not include Nurse Aides or Specialty Certifications)					

**Effective 01/01/09 Board of Medicine and Osteopathic Medicine verifications (to other state boards only) are now being processed by VeriDoc licensing system.*

Disciplinary Actions

Profession	Reprimand	Probation	Fine	Voluntary Surrender	Limited License	Suspension	Revocation	Total
Athletic Trainers	0	0	0	0	0	0	0	0
Audiology	0	1	0	0	0	0	0	1
Chiropractic	0	5	1	1	1	1	2	11
Counseling	0	3	0	0	1	1	2	7
Dentistry	0	28	9	4	6	7	1	55
Marriage & Family Therapy	0	0	0	0	0	0	0	0
Medicine	0	12	28	7	13	10	2	72
Nursing	8	162	10	10	5	159	0	54
Nursing Home Administrators	0	1	0	0	0	2	0	3
Occupational Therapy	1	1	0	0	0	2	1	5
Optometry	0	3	1	0	0	0	0	4
Osteopathic Med & Surgery	0	13	10	1	3	3	0	30
Pharmacy	3	25	27	5	6	14	0	80
Physical Therapy	0	1	2	0	2	2	1	8
Physician's Assts.	0	2	1	0	0	0	1	4
Podiatric Med & Surgery	0	2	0	0	2	2	0	6
Psychology	0	4	1	0	5	6	0	16
Respiratory Care	1	3	0	0	0	0	0	4

**Department of Community Health
Bureau of Health Professions**

2009/2010 Annual Report

Profession	Reprimand	Probation	Fine	Voluntary Surrender	Limited License	Suspension	Revocation	Total
Sanitarians	0	0	0	0	0	0	0	0
Social Work	1	24	0	2	3	18	0	48
Veterinary Medicine	1	7	1	1	1	2	0	13
Bureau Totals	15	297	91	31	48	229	10	721

Michigan Board of Acupuncture

The Michigan Board of Acupuncture was created with the enactment of Public Act 30 of 2006, which amended the Public Health Code, Public Act 368 of 1978.

The practice of acupuncture, as defined in the Public Health Code, means the insertion and manipulation of needles through the surface of the human body at specific locations on the human body for the prevention or correction of disease, injury, pain, or other condition.

The Board of Acupuncture in 2009 consisted of 9 voting members: 4 acupuncturists, 3 physicians who are licensed to practice medicine or osteopathic medicine and surgery, and 2 public members. In May 2010, Public Act 79 passed which increased the board composition to 13 voting members: 7 acupuncturists, 3 physicians and 3 public members.

Board Members	Term Expires
Lincoln, Deborah E., R.N., M.S.N., Chair East Lansing	6/30/14
Pettet, Jason T., Vice Chair South Haven	6/30/11
Abel-Horowitz, Howard, M.D. Franklin	6/30/13
Kaminsky, Arthur L., M.D. Marquette (resigned 1/14/10)	6/30/11
Pappas, John L., M.D. Bloomfield Hills	6/30/14
Roach, Chrystal, Public Member Fremont	6/30/14
Sousley, Rhonda, Ph.D. Rochester Hills	6/30/12
Steigenga, Matthew, Public Member East Lansing	6/30/11
Wright, Leonard D., M.D. Muskegon	6/30/13

The following appointments were made on 8/25/10 to comply with the new board composition:

Batzer, Margaret Manistee	6/30/14
Haas, Annie East Lansing	6/30/14
Kimpinto, Echo Birmingham	6/30/14
Morris, Charles, Public Member Detroit	6/30/14

**Schedule of Board Meetings
Fiscal Year 2009/2010**

December 14, 2009
January 15, 2010
April 16, 2010 (cancelled)
June 11, 2010
September 16, 2010 (cancelled)

Licensing Activity

The Board is developing administrative rules to implement the licensing program so no licenses can be issued until the rules are officially filed.

Michigan Board of Athletic Trainers

The Michigan Athletic Trainer Board was created with the enactment of Public Act 54 of 2006, which amended the Public Health Code, Public Act 368 of 1978.

The practice of athletic training, as defined in the Public Health Code, means the treatment of an individual for risk management and injury prevention, the clinical evaluation and assessment of an individual for an injury or illness, or both, the immediate care and treatment of an individual for an injury or illness, or both, and the rehabilitation and reconditioning of an individual's injury or illness, or both, as long as those activities are within the rules promulgated for this profession and performed under the direction and supervision of an individual licensed as an allopathic or osteopathic physician.

The Board of Athletic Trainers in 2009 consisted of 7 voting members: 4 athletic trainers, 2 licensed physicians (allopathic or osteopathic) and 1 public member. In May 2010, Public Act 79 passed which increased the board composition to 11 voting members: 6 athletic trainers, 2 licensed physicians and 3 public members.

Board Members	Term Expires
Berry, Ann L., Chair Canton	12/31/13
Corbin, Dennis R., Vice Chair Kalamazoo	12/31/13
Baker, Robert J., M.D. Kalamazoo	12/31/12
Bupp, William F., Public Member Dewitt	6/30/14
Nassar, Lawrence G., D.O. Holt	12/31/13
Ryan, Laurie L. Ada	12/31/11
Sorge, Rodney A. Ann Arbor (resigned 2/26/10)	12/31/12

The following appointment was made on 4/21/10:

Eyers, Christina Holt (replaced Sorge)	12/31/12
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The following appointments were made on 6/30/10 to comply with the new board composition:

Abdenour, Michael Grosse Pointe Woods	6/30/14
Cartwright, Lorin, Public Member Ann Arbor	6/30/14
Snyder, Rosemary Ann Arbor	6/30/14

Schedule of Board Meetings
Fiscal Year 2009/2010

October 9, 2009 (cancelled)
November 6, 2009
February 26, 2010
May 21, 2010 (cancelled)
August 27, 2010 (cancelled)

Licensing Activity – licenses began to be issued in June 2010

Applications Received	338
Number of Licensees	133

Regulatory Activity

Allegations Received	0
Administrative Investigations	0
Field Investigations Authorized	0
Field Investigations Completed	0
Administrative Complaints Filed	0
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	0
Fine	0
Voluntary Surrender	0
Limited License	0
Suspension	0
Revocation	0
Total Disciplinary Actions	0

The first set of rules to implement licensing for Athletic Trainers was filed with the Office of the Great Seal/Secretary of State on February 4, 2010 with an effective date of February 4, 2010.

Rule 338.1301

A new rule that lists definitions for terms used in the rules.

R 338.1305

A new rule specifying the implementation date for the licensing program.

R 338.1309

A new rule establishing requirements for licensure as an athletic trainer.

R 338.1313

A new rule that provides for a temporary athletic trainer license and specifies requirements for this license.

R 338.1317

A new rule establishing requirements to obtain an athletic trainer license by endorsement.

R 338.1321

A new rule establishing requirements for foreign-trained licensure applicants.

R 338.1325

A new rule that provides for the adoption of the Board of Certification, Inc. (BOC) athletic trainer credentialing examination.

R 338.1329

A new rule requiring the Board of Athletic Trainers to conduct a comprehensive examination for applicants seeking a temporary license and specifying content of the examination.

R 338.1333

A rule establishing requirements to obtain an educational limited license.

R 338.1337

A new rule that provides for the Board's adoption by reference of standards for accrediting athletic trainer educational programs.

R 338.1341

A new rule that provides for the Board's adoption by reference of standards for certification in basic and advanced cardiac life support and cardiopulmonary resuscitation.

R 339.1345

A new rule establishing requirements for relicensure when a license has lapsed.

R 338.1349

A new rule specifying requirements for renewing a license that has expired.

R 338.1353

A new rule that permits a temporary license to be renewed yearly but not more than two times.

R 338.1357

A new rule that provides for the Board's adoption by reference of BOC requirements for the recertification of athletic trainers and provides for acceptance of continuing education approved by the BOC.

R 338.1361

A new rule requiring a licensee to maintain a record for each patient or client, including a minor patient or client.

R 338.1365

A new rule requiring a licensee to establish a plan of care for providing athletic training services and requiring these services to be provided under the direction and supervision of either an allopathic physician or osteopathic physician and surgeon.

R 338.1369

A new rule that permits a licensee to delegate athletic training acts, tasks or functions to an individual who meets the requirements specified in the rule.

R 338.1373

A new rule prohibiting a secondary school student from engaging in athletic training practices, except as permitted under the rule.

R 338.1377

A new rule specifying acts or omissions by an individual covered by the rules that are considered prohibited conduct.

Michigan Board of Audiology

The Michigan Board of Audiology was created with the enactment of Public Act 97 of 2004, which amended the Public Health Code, Public Act 368 of 1978.

The practice of audiology, as defined in the Public Health Code, means the nonmedical and nonsurgical application of principles, methods, and procedures related to disorders of hearing.

The Michigan Board of Audiology consists of 9 voting members: 5 audiologists, 2 members licensed to practice medicine or osteopathic medicine and surgery who hold a certificate of qualification from the American Board of Otolaryngology and 2 public members.

Board Members	Term Expires
Kasewurm, Gyl A., Chair St. Joseph	6/30/11
Korpela, Lari P., Vice Chair Livonia	6/30/09
Jacobs, Karen A. Rockford	6/30/11
Kauffman, Steven, Public Member Grandville	6/30/12
Kollaritsch, Joe, Public Member Clarkston	6/30/12
Mukkamala, Srinivas B., M.D. Flint	6/30/14
Schroeder, Virginia Dearborn Heights	6/30/12
Seidman, Michael D., M.D. West Bloomfield	6/30/12
Zuckschwerdt, Diane C. Corunna	6/30/10

The following appointment was made on 4/21/10:

Frank, Peggy	6/30/14
Twin Lake (replaced Zuckschwerdt)	

Schedule of Board Meetings

Fiscal Year 2009/2010

November 13, 2009

March 19, 2010 (cancelled)

June 18, 2010 (DSC)

September 17, 2010 (cancelled)

Licensing Activity

Audiologists

Applications Received	27
Number of Licensees	513

Audiologists – Limited

Applications Received	0
Number of Licensees	1

Random Continuing Education Audits

Audited	16
Complied	16

Regulatory Activity

Allegations Received	2
Administrative Investigations	2
Field Investigations Authorized	2
Field Investigations Completed	1
Administrative Complaints Filed	0
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	1
Fine	0
Voluntary Surrender	0
Limited License	0
Suspension	0
Revocation	0
Total Disciplinary Actions	0

Michigan Board of Chiropractic

The Michigan Board of Chiropractic was originally formed with the enactment of Public Act 145 of 1933. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of chiropractic as defined in the Public Health Code means that discipline within the health arts which deals with the nervous system and its relationship to the spinal column and its inter-relationship with other body systems.

Public Act 223 passed on January 5, 2010 which modified the practice of chiropractic to the discipline that deals with the human nervous system and the musculoskeletal system and their interrelationship with other body systems.

The Michigan Board of Chiropractic consists of 9 voting members: 5 chiropractors and 4 public members.

Board Members	Term Expires
Cogan, Solomon, D.C., Chair West Bloomfield	12/31/12
Odette, Patricia, D.C., Vice Chair Woodhaven	12/31/10
Eisman, Jeffrey, D.C. West Bloomfield	12/31/10
Fellow, Charles, Public Member South Lyon	12/31/11
Frenette, Gwendolyn, Public Member Ionia	12/31/09
Knight, Philip, D.C. Marshall	12/31/11
Michelin, Lois, Public Member Newberry	12/31/09
Morse, Michael, Public Member Huntington Woods	12/31/09
Rodnick, Corey, D.C. Midland	12/31/11

The following appointments were made on 4/21/10:

Stuart, Mark, Public Member Battle Creek (replaced Morse)	12/31/13
Thompson, Kathleen Portage (replaced Frenette)	12/31/13
Vittone, Julann Lansing (replaced Michelin)	12/31/13

Schedule of Board Meetings
Fiscal Year 2009/2010

November 10, 2009
January 14, 2010
April 13, 2010
May 13, 2010
July 8, 2010
September 9, 2010 (cancelled)

Licensing Activity

Chiropractors

Applications Received	122
Number of Licensees	2,869

Educational Limited Chiropractors

Applications Received	38
Number of Licensees	32

Random Continuing Education Audits

Audited	74
Complied	62

Renewal Continuing Education Audits

Audited	15
Complied	15

Regulatory Activity

Allegations Received	58
Administrative Investigations	82
Field Investigations Authorized	13
Field Investigations Completed	16
Administrative Complaints Filed	22
Summary Suspensions Filed	1
Cease and Desist Orders Issued	2

Board Disciplinary Actions

Reprimand	0
Probation	5
Fine	1
Voluntary Surrender	1
Limited License	1
Suspension	1
Revocation	2
Total Disciplinary Actions	11

Michigan Board of Counseling

The Michigan Board of Counseling was created by Public Act 421 of 1988 which was an amendment to the Public Health Code, Public Act 368 of 1978, as amended.

The Public Health Code defines the practice of counseling to mean the rendering to individuals, groups, families, organizations, or the general public, a service involving the application of clinical counseling principles, methods, or procedures for the purpose of achieving social, personal, career, and emotional development and with the goal of promoting and enhancing healthy, self-actualizing and satisfying lifestyles whether the services are rendered in an educational, business, health, private practice, or human services setting.

The Michigan Board of Counseling consists of 11 voting members: 6 counselors, 1 mental health professional and 4 public members.

Board Members	Term Expires
Itskowitz, Stuart G., L.P.C., Chair (until 9/10) St. Clair Shores, Vice Chair (as of 9/10)	6/30/11
Turowski, Marion, L.P.C., Vice Chair (until 9/10) Troy, Chair (as of 9/10)	6/30/13
Burkett, Martha, L.P.C. Grand Rapids	6/30/12
Hampton, Steven D., L.M.S.W. Grand Ledge	6/30/14
Hunt, Meredith, Public Member Sturgis	6/30/14
Kelley, Mary, Public Member Northville	6/30/13
LeClear, Laura, Public Member Richland	6/30/14
Owens, Delila L., Ph.D., L.P.C. Royal Oak	6/30/11
Singleton, Harriet A., L.P.C. Kentwood	6/30/12
Steward, Robbie J., L.P.C. Okemos (resigned 7/10)	6/30/13
Wuori, Thomas J., Public Member Kalamazoo	6/30/10

Schedule of Board Meetings

Fiscal Year 2009/2010

December 11, 2009

March 5, 2010

June 4, 2010

September 10, 2010

Licensing Activity

Counselors

Applications Received	274
Number of Licensees	5,683

Educational Limited Counselors

Applications Received	586
Number of Licensees	2,605

Regulatory Activity

Allegations Received	26
Administrative Investigations	35
Field Investigations Authorized	14
Field Investigations Completed	13
Administrative Complaints Filed	8
Summary Suspensions Filed	0
Cease and Desist Orders Issued	2

Board Disciplinary Actions

Reprimand	0
Probation	1
Fine	0
Voluntary Surrender	0
Limited License	1
Suspension	1
Revocation	2
Total Disciplinary Actions	7

Michigan Board of Dentistry

The Michigan Board of Dentistry was originally formed with the enactment of Public Act 122 of 1919. This Act regulated the practice of dentistry and dental hygiene in the State of Michigan, including providing for examination, licensing and regulation of persons practicing dentistry and dental hygiene; authorizing dental assistants; and providing for the discipline of offenders against the Act.

On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended, and included certification of specialists in the fields of orthodontics, endodontics, prosthodontics, pediatric dentistry, periodontics, oral and maxillofacial surgery, and oral pathology.

The practice of dentistry, as defined by the Public Health Code, means the diagnosis, treatment, prescription, or operation for a disease, pain, deformity, injury, or physical condition of the human tooth, teeth, alveolar process, gums or jaws, or their dependent tissues, or an offer, undertaking, attempt to do, or holding oneself out as able to do any of these acts.

The practice of dental hygiene, as defined by the Public Health Code, means practice at the assignment of a dentist in that specific area of dentistry based on specialized knowledge, formal education, and skill with particular emphasis on preventive services and oral health education.

Practice as a dental assistant, as defined by the Public Health Code, means assistance in the clinical practice of dentistry based on formal education, specialized knowledge, and skill at the assignment and under the supervision of a dentist.

The Michigan Board of Dentistry consists of 19 voting members: 8 dentists, 2 dentists who have been issued a health profession specialty certification, 4 dental hygienists, 2 registered dental assistants, and 3 public members.

Board Members	Term Expires
Hennessy, Rhonda, D.D.S., Chair (until 8/10) Northville	6/30/12
Spencer, Craig W., D.D.S., Vice Chair (until 8/10) East Lansing, Chair (as of 8/10)	6/30/11
Beatty-Desonia, Lynn, R.D.H. Dewitt	6/30/12
Bera, Julie, R.D.A. Rockford	6/30/14
Buchheister, Jo Ann, C.D.A., R.D.A., B.S. Troy	6/30/11
Freij, Randy M., D.D.S. Livonia	6/30/10
Haber, Lawrence M., D.D.S. Commerce Township	6/30/13
Hodder, Joanne A., R.D.H., Vice Chair (as of 8/10) Grand Rapids	6/30/13

Khan, Faiz, Public Member Sterling Heights	6/30/09
Manos, Deborah, D.D.S. Grosse Pointe Woods	6/30/12
Marinelli, Charles L., D.D.S. Bloomfield Hills	6/30/09
Maturo, Raymond, D.D.S. Ann Arbor	6/30/12
Pesis, Solomon K., D.D.S. Milford	6/30/11
Priestap, Deborah E., D.D.S. Milford	6/30/14
Sanders, Rosetta, Public Member Battle Creek	6/30/12
Schmakel, Timothy, D.D.S., M.D. Bloomfield	6/30/11
Snow, Charlene, Public Member Detroit	6/30/11
Swiger, Martha, R.D.H. Petoskey	6/30/12
Wyche, Charlotte, R.D.H. Chelsea	6/30/11
The following appointments were made on 11/20/09:	
Molinari, John, Ph.D., Public Member Northville (replaced Khan)	6/30/13
Wright, William, D.D.S. Lansing (replaced Marinelli)	6/30/13
The following appointment was made on 9/3/10:	
Hines, Diane, D.D.S. Detroit (replaced Freij)	6/30/14

Schedule of Board Meetings

Fiscal Year 2009/2010

October 15, 2009
December 10, 2009
February 11, 2010
April 8, 2010
June 10, 2010
August 12, 2010

Licensing Activity

Dentists

Applications Received	184
Number of Licensees	7,693

Dentist – Limited

Applications Received	0
Number of Licensees	2

Dentist – Nonclinical Limited

Applications Received	0
Number of Licensees	1

Dentist – Special Volunteer

Applications Received	2
Number of Licensees	18

Dental Specialty Licenses

Prosthodontists

Applications Received	2
Examinations Administered	0
Number of Specialty Licensees	58

Endodontists

Applications Received	8
Examination Administered	3
Number of Specialty Licensees	174

Oral Surgeons

Applications Received	8
Examinations Administered	1
Number of Specialty Licensees	239

Orthodontists

Applications Received	10
Examinations Administered	6
Number of Specialty Licensees	371

Pediatric Dentists

Applications Received	7
Examinations Administered	3
Number of Specialty Licensees	121

Periodontists

Applications Received	7
Examinations Administered	2
Number of Specialty Licensees	152

Oral Pathologists

Applications Received	0
Number of Specialty Licensees	8

Educational Limited Dentists

Applications Received	19
Number of Licensees	48

Clinical Academic Dentists

Applications Received	7
Number of Licensees	51

Registered Dental Hygienists

Applications Received	368
Number of Licensees	10,297

Clinical Academic Hygienists

Applications Received	0
Number of Licensees	0

Specialty Certifications for Dental Hygienists

Nitrous Oxide

Applications Received	94
Number of Certifications	2,042

Local Anesthesia

Applications Received	96
Number of Certifications	2,595

Registered Dental Assistants

Applications Received	146
Examinations Administered	125
Number of Licensees	1,5

Dental Assistant – Nonclinical Ltd.

Applications Received	0
Number of Licensees	1

Random Continuing Education Audits

(audit still being conducted)

Dentists

Audited	59
Complied	57

Dental Assistants

Audited	12
Complied	11

Dental Hygienists

Audited	91
Complied	83

Renewal Continuing Education Audits

Dentists

Audited	13
Complied	13

Dental Assistants

Audited	0
Complied	0

Dental Hygienists

Audited	7
Complied	7

Regulatory Activity

Allegations Received	263
Administrative Investigations	363
Field Investigations Authorized	94
Field Investigations Completed	82
Administrative Complaints Filed	55
Summary Suspensions Filed	5
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	28
Fine	9
Voluntary Surrender	4
Limited License	6
Suspension	7
Revocation	1
Total Disciplinary Actions	55

Michigan Board of Dietetics and Nutrition

The Michigan Board of Dietetics and Nutrition was created with the passage of Public Act 333 of 2006 with an effective date of July 1, 2007 which amended the Public Health Code, Public Act 368 of 1978, as amended.

The practice of dietetics and nutrition means the provision of dietetics and nutrition care service including assessing the nutrition needs, establishing priorities, goals and objectives to meet the nutrition needs of an individual or group of individuals, providing nutrition counseling, developing, implementing and managing a nutrition care system, evaluation and maintaining a standard of quality in dietetics and nutrition care services, and providing medical nutrition therapy.

The Michigan Board of Dietetics and Nutrition consists of 7 voting members: 5 licensed dietitians or nutritionists and 2 public members.

Board Members	Term Expires
Mikus, Eileen, Chair Pellston	6/30/11
Newton, Coco, M.Ph., Vice Chair (until 9/10) Ann Arbor	6/30/11
Christoph, Carl, Public Member Farmington Hills	6/30/11
Magnuson, Eugene, Public Member Muskegon	6/30/11
Mowafy, Mohey, Ph.D. Marquette	6/30/11
Prout, William, Public Member, Vice Chair (as of 9/10) Mt. Pleasant	6/30/11
Weatherspoon, Lorraine, Ph.D. Williamston	6/30/11

Schedule of Board Meetings

Fiscal Year 2009/2010

November 19, 2009
January 22, 2010
March 26, 2010
June 22, 2010
July 23, 2010
September 8, 2010

Licensing Activity

The Board is developing administrative rules to implement the licensing program so no licenses can be issued until the rules are officially filed.

Michigan Board of Marriage and Family Therapy

The Michigan Board of Marriage Counselors was originally formed with the enactment of Public Act 292 of 1966. On October 21, 1980, the authority of the Board was transferred to Article 15 of Public Act 299 of 1980. Public Act 126 of 1995 transferred the authority of the Board to the Public Health Code, Public Act 368 of 1978, as amended, and the name was changed to the Board of Marriage and Family Therapy.

Part 169 defines the practice of marriage and family therapy as the providing of guidance, testing, discussions, therapy, instruction, or advice that is intended to avoid, eliminate, relieve, manage or resolve marital or family conflict or discord, to create, improve, or restore marital or family harmony, or to prepare couples for marriage.

The Michigan Board of Marriage and Family Therapy consists of 9 voting members: 6 marriage and family therapists and 3 public members.

Board Members	Term Expires
Edelson, Lori K., M.S.W., L.M.F.T., Chair West Bloomfield	6/30/11
Angera, Jeffrey, L.M.F.T., Vice Chair Mt. Pleasant	6/30/14
Beckerson, Brett, Public Member Dearborn Heights	6/30/12
Harp, Sama, Public Member Dearborn Heights	6/30/09
Jordan, Diane M., L.M.F.T. Wyoming	6/30/07
Moriarty, James J., Ph.D. Bloomfield Hills	6/30/12
Taylor, Anita, M.A., L.L.P. Bloomfield Hills	6/30/13
Warsh, Deborah U., L.M.F.T. Bloomfield Hills	6/30/11
Watson, Shawntain, Public Member Muskegon	6/30/11

The following appointment was made on 5/10/10:

Royer, Marcia, L.M.F.T.	6/30/11
Alma (replaced Jordan)	

Schedule of Board Meetings

Fiscal Year 2009/2010

October 16, 2009 (cancelled)

January 29, 2010 (cancelled)

April 30, 2010 (cancelled)

July 30, 2010

Licensing Activity

Marriage and Family Therapists

Applications Received	28
Examinations Authorized	13
Number of Licensees	705

Educational Limited MFT's

Applications Received	23
Number of Licensees	94

Regulatory Activity

Allegations Received	4
Administrative Investigations	5
Field Investigations Authorized	2
Field Investigations Completed	0
Administrative Complaints Filed	1
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	0
Fine	0
Voluntary Surrender	0
Limited License	0
Suspension	0
Revocation	0
Total Disciplinary Actions	0

Michigan Board of Massage Therapy

The Michigan Board of Massage Therapy was created with the enactment of Public Act 471 of 2009, which amended the Public Health Code, Public Act 368 of 1978.

The practice of massage therapy, as defined in the Public Health Code, means the application of a system of structured touch, pressure, movement, and holding to the soft tissue of the human body in which the primary intent is to enhance or restore the health and well-being of the client. Practice of massage therapy includes complementary methods, including the external application of water, heat, cold, lubrication, salt scrubs, body wraps, or other topical preparations; and electromechanical devices that mimic or enhance the actions possible by the hands.

The Michigan Board of Massage Therapy consists of 11 voting members: 7 massage therapists and 4 public members.

Board Members	Term Expires
Armstrong, Karen, Chair Farmington Hills	12/31/12
Ryan, Michael, Vice Chair Marquette	12/31/13
Bograkos, Timothy, Public Member Lansing	12/31/12
Ericson, Mary Plymouth	12/31/11
Hartung, Tiffany, Public Member Warren	12/31/11
Hilton-Scheffler, Dennis Mt. Clemens	12/31/11
Joda-Miller, Bilky Lansing	12/31/13
Kubizna, Jodi Grand Rapids	12/31/12
Mackowiak, Thomas, Public Member Lansing	12/31/12
Rudnianin, Harold Hancock	12/31/13
West, Amanda, Public Member Holt	12/31/13

Schedule of Board Meetings
Fiscal Year 2009/2010

December 9, 2009
January 11, 2010
February 8, 2010
March 30, 2010
April 27, 2010
June 29, 2010
July 26, 2010
August 23, 2010
September 27, 2010

Licensing Activity

The Board is developing administrative rules to implement the licensing program so no licenses can be issued until the rules are officially filed.

Michigan Board of Medicine

The Michigan Board of Medicine was originally formed with the enactment of Public Act 237 of 1899. This act provided for the examination, regulation, licensing and registration of physicians and surgeons in the State of Michigan, and for the discipline of offenders against the Act. On January 8, 1974, a new Medical Practice Act, Public Act 185 of 1973, became effective. This Act continued in effect until September 30, 1978, when the Board's authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of medicine, as defined in the Public Health Code, means the diagnosis, treatment, prevention, cure or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts.

The Michigan Board of Medicine consists of 19 voting members: 10 medical doctors, 1 physician's assistant, and 8 public members.

Board Members	Term Expires
Goldberg, Scot F., M.D., Chair (until 12/2009) Bloomfield Hills	12/31/09
Shade, George H., M.D., Vice Chair (until 1/2010) Farmington Hills, Chair (as of 1/2010)	12/31/13
Alghanem, Abd A., M.D., Vice Chair (as of 1/2010) Flint	12/31/11
Ahmad, Busharat, M.D. Monroe	12/31/11
Burney, Richard E., M.D. Ann Arbor	12/31/11
Cameron, Oliver G., M.D., Ph.D. Ann Arbor	12/31/13
Dull, David L., M.D. Ada	12/31/13
Fenn, William, P.A-C, Ph.D. Kalamazoo	12/31/10
Fraley, Theresa L., Public Member Huntington Woods	12/31/13
Graham-Solomon, Cheryl, Public Member Rochester Hills	12/31/13
Gudipati, Rao V.C., M.D. Freeland	12/31/11
Helmer, Michael K., Public Member Bloomfield Hills (resigned 5/26/10)	12/31/13
Jones, Jeffrey M., M.D. Battle Creek	12/31/09
Larson, Lynn M., Public Member Traverse City	12/31/11
Leung, Vivian W., Public Member Okemos	12/31/13

Raines, Frank, III, Public Member Farmington Hills	12/31/11
San Diego, Leticia J., Ph.D., Public Member Clinton Township	12/31/13
Smith-Tyge, Nathaniel, Public Member Allen Park	12/31/10
Weingarden, David S., M.D. Southfield	12/31/13

The following appointments were made on 2/26/10:

Graham, Peter, M.D. East Lansing (replaced Goldberg)	12/31/13
Thomashow, Suzanne Hugly, M.D., Ph.D. East Lansing (replaced Jones)	12/31/13

**Schedule of Board Meetings
Fiscal Year 2009/2010**

November 18, 2009
January 20, 2010 (full board only)
February 5, 2010 (DSC only)
March 17, 2010 (full board only)
April 21, 2010 (DSC only)
May 26, 2010
July 21, 2010
September 15, 2010

Licensing Activity

Medical Doctors

Applications Received	1,595
Examinations Authorized	569
Number of Licensees	31,993

Medical Doctor – Limited

Applications Received	0
Number of Licensees	0

MD – Special Volunteers

Applications Received	11
Number of Licensees	35

Clinical Academic Doctors

Applications Received	23
Number of Licensees	71

Educational Limited Doctors

Applications Received	1,286
Number of Licensees	3,892

Random Continuing Education Audits

Audited	54
Complied	49

Renewal Continuing Education Audits

Audited	119
Complied	119

Regulatory Activity

Allegations Received	793
Administrative Investigations	762
Field Investigations Authorized	243
Field Investigations Completed	229
Administrative Complaints Filed	82
Summary Suspensions Filed	12
Cease and Desist Orders Issued	1

Board Disciplinary Actions

Reprimand	0
Probation	12
Fine	28
Voluntary Surrender	7
Limited License	13
Suspension	10
Revocation	2
Total Disciplinary Actions	72

Michigan Board of Nursing

The Michigan Board of Nursing was originally created with the enactment of the Nurse Practice Act, Public Act 319 of 1909; authority was transferred to the Nursing Practice Act of 1967 by Public Act 149 of 1967. On September 30, 1978, authority was again transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The Public Health Code establishes the Board of Nursing to consist of 23 members: 9 registered nurses (RNs), 1 nurse midwife, 1 nurse anesthetist, 1 nurse practitioner, 3 licensed practical nurses (LPNs), and 8 public members. Of the 9 registered nurses: 3 must have a master's degree with a major in nursing and be engaged in nursing education, 1 in less than a baccalaureate program; 1 in a baccalaureate or higher program and 1 in a licensed practical nurse program; 3 must have a baccalaureate degree in nursing and be engaged in nursing practice or nursing administration; and 3 must be non-baccalaureate registered nurses engaged in nursing practice or nursing administration. The 3 licensed practical nurses must have graduated from a state-approved program of practical nurse education.

During this fiscal year, the Board met to grant licenses, impose disciplinary sanctions, review and approve nurse education programs, and to carry out all other mandates of the Code relating to the licensing and regulating of RNs and LPNs.

Board Member	Term Expires
Taft, Linda S., R.N., Chair Clinton Township	6/30/11
Clark, Margherita, R.N., M.S.N., Vice Chair (until 9/2010) St. Johns	6/30/11
Allen, Regina D., Public Member Lansing	6/30/11
Andersen, Bruce H., Sr., Public Member Interlochen	6/30/10
Armstrong, Reginald, Public Member Detroit	6/30/14
Auty, Earl, R.N., C.R.N.A., M.S. Grosse Pointe Park	6/30/13
Bowman, Karen A., R.N., N.P. Lansing	6/30/13
Breslin, Jeffrey H., R.N. Dansville	6/30/11
Brown, Mary J., R.N. Dimondale	6/30/11
Bugbee, Nina A., R.N. Flushing	6/30/13
Childress, James H., Public Member Grand Rapids	6/30/14
Cole, Terese, Public Member Flint	6/30/10
Daley, Melynda J., L.P.N. Marquette	6/30/12

DeFoe, Jody, Public Member Lansing	6/30/11
Johnson, Michelle M., R.N., M.S.N. Marquette	6/30/12
Lavery, Kathleen, R.N., M.S., C.N.M. Jackson	6/30/13
Lewis, Brenda, L.P.N. Chase	6/30/11
MacEachern, Mary, L.P.N. Cadillac	6/30/09
Perry, Amy M., R.N., M.S.N. Ann Arbor	6/30/13
Schultz, LaDonna, Public Member West Branch	6/30/14
Stubbs, Donica, R.N., B.S.N. Inkster	6/30/12
Thompson, Teresa, RN, Vice Chair (as of 9/2010) Farmington Hills	6/30/11
Woods, Michelle, Public Member Jackson	6/30/10
The following appointments were made on 4/21/10:	
Egede-Nissen, Lars, Public Member Okemos (replaced Woods)	6/30/14
Johnston-Calati, Kathleen, Public Member Lansing (replaced Andersen)	6/30/14
McMillan, Brigid, LPN Grosse Pointe Park (replaced MacEachern)	6/30/13
The following appointment was made on 6/10/10:	
Ferency, Michael, Public Member St. Johns (replaced Cole)	6/30/14

Schedule of Board Meetings

Fiscal Year 2009/2010

October 7, 2009 (DSC)
November 4, 2009 (DSC)
November 5, 2009 (Board)
December 2, 2009 (DSC)
January 6, 2010 (DSC)
January 7, 2010 (Board)
February 3, 2010 (DSC)
March 3, 2010 (DSC)
March 4, 2010 (Board)
April 7, 2010 (DSC) May
5, 2010 (DSC)
May 6, 2010 (Board)
June 2, 2010 (DSC – cancelled)
June 3, 2010 (Board)
July 7, 2010 (DSC) August
4, 2010 (DSC) September
1, 2010 (DSC) September
2, 2010 (Board)

Licensing Activity

Registered Nurses

Applications Received	7,058
Examinations Authorized	5,229
Number of Licensees	132,462

Registered Nurses – Provisional

Applications Received	184
Examinations Authorized	
Number of Licensees	71

R.N. Specialty Certifications

Anesthetists

Applications Received	137
Number of Certifications	2,399

Midwives

Applications Received	19
Number of Licensees	316

Practitioners

Applications Received	303
Number of Licensees	3,899

Practical Nurses

Applications Received	2,044
Examinations Authorized	1,733
Number of Licensees	27,509

Random Continuing Education Audits

Practical Nurses

Audited	51
Complied	38

Registered Nurses

Audited	245
Complied	217

Nurse Anesthetists

Audited	51
Complied	41

Nurse Midwives

Audited	8
Complied	8

Nurse Practitioners

Audited	79
Complied	78

Renewal Continuing Education Audits

Audited	451
Complied	451

Regulatory Activity

Allegations Received	1,251
Administrative Investigations	1,900
Field Investigations Authorized	377
Field Investigations Completed	370
Administrative Complaints Filed	360
Summary Suspensions Filed	33
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	8
Probation	162
Fine	10
Voluntary Surrender	10
Limited License	5
Suspension	159
Revocation	0
Total Disciplinary Actions	354

Michigan Board of Nursing Home Administrators

The Michigan Board of Nursing Home Administrators was created by Public Act 166 of 1969. On October 21, 1980, the authority of the Board was transferred to Article 19 of Public Act 299 of 1980. Public Act 139 of 2001 transferred the authority of the Board of Nursing Home Administrators to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of a nursing home administrator, as defined in the Public Health Code, means planning, organizing, directing, and controlling the total operation of the nursing home on behalf of the governing board or owner of a nursing home.

The Michigan Board of Nursing Home Administrators consists of 9 voting members: 6 nursing home administrators and 3 public members.

Board Members	Term Expires
Clarkson, Gail J., N.H.A., Chair Bloomfield Hills	6/30/12
Messick, Karen J., N.H.A., Vice Chair Comstock Park	6/30/14
Cook, Todd, Public Member Lansing	6/30/14
Ditri, Pam, N.H.A. Dansville	6/30/12
Fazio, Sara, Public Member Grand Rapids	6/30/14
Meyer, Thomas D., N.H.A. East Tawas	6/30/09
Moon, Valaria Conerly, Public Member Flint	6/30/12
Pettis, Susan E., N.H.A. Ann Arbor	6/30/12
Shaheen, Samuel, D.O. Saginaw	6/30/09

The following appointments were made on 12/15/2009:

Breuker, Hermina, N.H.A. Twin Lake (replaced Shaheen)	6/30/13
Ensign, Thomas, N.H.A. Clinton Township (replaced Meyer)	6/30/13

Schedule of Board Meetings

Fiscal Year 2009/2010

October 29, 2009 (DSC only)

December 7, 2009

February 16, 2010 (DSC only)

May 18, 2010

August 17, 2010 (cancelled)

Licensing Activity

Applications Received	154
Examinations Authorized	107
Number of Licensees	1,211

Random Continuing Education Audits

Audited	52
Complied	46

Renewal Continuing Education Audits

Audited	0
Complied	0

Regulatory Activity

Allegations Received	56
Administrative Investigations	43
Field Investigations Authorized	19
Field Investigations Completed	17
Administrative Complaints Filed	11
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	1
Fine	0
Voluntary Surrender	0
Limited License	0
Suspension	2
Revocation	0
Total Disciplinary Actions	3

Michigan Board of Occupational Therapists

Public Act 473 of 1988 amended the Public Health Code, Public Act 368 of 1978, creating the Michigan Board of Occupational Therapists and the registration program for Occupational Therapists in Michigan. Public Act 523 of 2008 which was effective on January 13, 2009 changed the regulation of occupational therapists from registration to licensure.

The practice of Occupational Therapy, as defined in the Public Health Code, means the provision of services provided to promote health and wellness, prevent disability, preserve functional capabilities, prevent barriers, and enable or improve performance in everyday activities.

The Michigan Board of Occupational Therapists consists of 9 voting members: 5 occupational therapists and 4 public members.

Board Members	Term Expires
Conti, Gerry E., O.T.R., Ph.D., Chair Ypsilanti	12/31/13
Sisco, William M., O.T.R., M.A., M.S. Holt, Vice Chair (as of 2/2010)	12/31/13
Andert, Diane K., O.T.R., Vice Chair (until 2/2010) Battle Creek	12/31/13
Clipper, Christie, Public Member Taylor	12/31/13
Lenfield, Britt, O.T.R. Ada	12/31/10
Miller, John D., Public Member Canton	12/31/11
Polk, LoRon, Public Member Canton	12/31/13
Robosan-Burt, Susan, O.T.R. Troy	12/31/13
Smith, Grace, Public Member Rockford	12/31/13

Schedule of Board Meetings

Fiscal Year 2009/2010

November 3, 2009 (cancelled)

February 23, 2010

June 15, 2010

August 24, 2010 (cancelled)

Registration Activity

Occupational Therapists

Applications Received	215
Number of Registrants	4,655

Occupational Therapy Assistants

Applications Received	131
Number of Registrants	1,344

Regulatory Activity

Allegations Received	11
Administrative Investigations	37
Field Investigations Authorized	7
Field Investigations Completed	10
Administrative Complaints Filed	9
Summary Suspensions Filed	2
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	1
Probation	1
Fine	0
Voluntary Surrender	0
Limited License	0
Suspension	2
Revocation	1
Total Disciplinary Actions	5

Michigan Board of Optometry

The Michigan Board of Optometry was originally formed with the enactment of Public Act 71 of 1909. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of Optometry includes the employment of objective or subjective means, including diagnostic pharmaceutical agents for the examination of the human eye for the purpose of ascertaining a departure from the normal, measuring of powers of vision, and adapting lenses for the aid of those powers.

On March 26, 1984, the Governor signed Public Act 42, which allowed optometrists to be certified to administer topical ocular diagnostic pharmaceutical agents to the anterior segment of the human eye. Rules allowing the board to certify optometrists as diagnostic agents were promulgated on July 13, 1985.

The Board of Optometry consists of 9 voting members: 5 optometrists and 4 public members.

Board Members	Term Expires
Darin, Frederick P., O.D., Chair Charlotte	6/30/10
Lakin, Donald W., O.D., Vice Chair (until 9/2010) Clinton Township, Chair (as of 9/2010)	6/30/12
Agnone, Peter, O.D. Grand Blanc	6/30/12
Curley, Harvey M., Public Member Eastpointe	6/30/11
Dansby, William, Public Member East Lansing	6/30/14
McClintic, David C., O.D., Vice Chair (as of 9/2010) Portage	6/30/12
Motherwell, Winifred, Public Member Haslett	6/30/11
Thompson, Stephen P., O.D. East Lansing	6/30/14
Zair, Kays T., Public Member West Bloomfield	6/30/14

The following appointment was made on 5/17/10:

Patera, Gregory, O.D. Lake Odessa (replaced Darin)	6/30/14
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Schedule of Board Meetings

Fiscal Year 2009/2010

November 25, 2009

March 24, 2010

June 23, 2010

September 22, 2010

Licensing Activity

Applications Received	68
Number of Licensees	1,612

Specialty Certifications

DPA Certification

Number of Certifications	1,536
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TPA Certification

Number of Certifications	1,500
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DPA & TPA Certification

Number of Certifications	32
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Random Continuing Education Audits

Audited	44
Complied	41

Renewal Continuing Education Audits

Audited	1
Complied	1

Regulatory Activity

Allegations Received	15
Administrative Investigations	26
Field Investigations Authorized	6
Field Investigations Completed	4
Administrative Complaints Filed	6
Summary Suspensions Filed	0
Cease and Desist Orders Issued	1

Board Disciplinary Actions

Reprimand	0
Probation	3
Fine	1
Voluntary Surrender	0
Limited License	0
Suspension	0
Revocation	0
Total Disciplinary Actions	4

Rule Changes

**Filed with the Office of the Great Seal/Secretary of State on May 14, 2010
Effective May 14, 2010**

Rule 338.241

Rule rescinded. The rule addressed public participation at open board meetings.

R 338.251

Rule on definitions amended to make a technical correction.

R 338.252

Rule amended to revise the educational requirements for licensure.

R 338.253

Rule amended to clarify the requirements for licensure by endorsement.

R 338.254

Rule amended to clarify that national accreditation standards pertained to professional optometric degree programs.

R 338.255

Rule rescinded. The rule specified eligibility requirements for the state Board of Optometry examination.

R 338.256b

Rule amended to update information about the national standards for approving continuing education courses.

R 338.257

Rule amended to revise requirements for relicensure.

R 338.258

Rule amended to update and clarify requirements for obtaining educational and clinical academic limited licenses.

R 338.259

Rule amended to clarify the type of information to be included in a patient's record.

R 338.261

Rule rescinded. The rule specified factors for assessing a fine for the violation of the Public Health Code and set a limit on the amount of the fine.

R 338.270

Rule amended to revise the requirements for advertising optometry services.

R 338.275

Rule amended to update the reference to the credentialing standards for cardiopulmonary resuscitation and emergency cardiac care for professional providers.

R 338.291

Rule on unethical and ethical conduct amended to update information on what is considered ethical conduct.

Michigan Board of Osteopathic Medicine and Surgery

The Michigan Board of Osteopathic Medicine and Surgery was originally formed with the enactment of Public Act 162 of 1903. This Act regulated the practice of osteopathic medicine and surgery in the State of Michigan; provided for the examination, licensing and registration of osteopathic physicians and surgeons; and provided for the discipline of offenders against the Act. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of osteopathic medicine and surgery, as defined in the Public Health Code, means a separate, complete, and independent school of medicine and surgery, utilizing full methods of diagnosis and treatment in physical and mental health and disease, including the presentation and administration of drugs and biologicals, operative surgery, obstetrics, radiological and other electromagnetic emissions, and placing special emphasis on the interrelationship of the musculoskeletal system to other body systems.

The Michigan Board of Osteopathic Medicine and Surgery consists of 11 voting members: 7 osteopathic physicians, 1 physician's assistant, and 3 public members.

Board Members	Term Expires
Vanator, Douglas P., D.O., Chair, (until 2/2010) Olivet	12/31/12
Acker, Steven A., D.O., Vice Chair (until 2/2010) Ann Arbor, Chair (as of 2/2010)	12/31/09
Carney, Kathleen M., Public Member Brighton	12/31/12
Cunningham, William C., D.O. Grand Rapids	12/31/10
Dobritt, Dennis W., D.O. Bloomfield Hills	12/31/10
Easton, Gale E., P.A.-C Jackson	12/31/11
Granowicz, Vincent J., D.O. Waterford	12/31/10
Kane, Barry, Public Member Grand Rapids	12/31/09
Kelly, Charles E., D.O., Vice Chair (as of 2/2010) Ortonville	12/31/10
Lindberg, Paulette J., Public Member Marquette	12/31/11
Mustonen, Sylvia G., D.O. Okemos	12/31/10

Schedule of Board Meetings

Fiscal Year 2009/2010

October 6, 2009 (DSC only)

December 3, 2009

February 4, 2010

April 1, 2010

June 1, 2010 (DSC only)

August 5, 2010

Licensing Activity

Doctors of Osteopathic Medicine

Applications Received 353

Number of Licensees 6,806

Clinical Academic DO's

Applications Received 0

Number of Licensees 0

Educational Limited DO's

Applications Received 438

Number of Licensees 1,138

Special Volunteer DO's

Applications Received 0

Number of Licensees 1

Random Continuing Education Audits

Audited 91

Complied 75

Renewal Continuing Education Audits

Audited 4

Complied 4

Regulatory Activity

Allegations Received 218

Administrative Investigations 279

Field Investigations Authorized 61

Field Investigations Completed 81

Administrative Complaints Filed 37

Summary Suspensions Filed 6

Cease and Desist Orders Issued 1

Board Disciplinary Actions

Reprimand	0
Probation	13
Fine	10
Voluntary Surrender	1
Limited License	3
Suspension	3
Revocation	0
Total Disciplinary Actions	30

Michigan Board of Pharmacy

The Michigan Board of Pharmacy was originally formed with the enactment of Public Act 134 of 1885. On March 28, 1963, the authority of the Board to regulate the practice of pharmacy and to prescribe its powers and duties; and to prescribe penalties for violations of the act, was transferred to Public Act 151 of 1962. On September 30, 1978, authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The Public Health Code, Public Act 368 of 1978, as amended, defines the practice of pharmacy as a health service, the clinical application of which includes the encouragement of safety and efficacy in the prescribing, dispensing, administering and use of drugs and related articles for the prevention of illness and the maintenance and management of health.

Professional functions associated with the practice of pharmacy include the interpretation and evaluation of prescriptions; drug product selection; compounding, dispensing, safe storage, and distribution of drugs and devices; maintenance of legally-required records; advising the prescriber and the patient as required regarding contents, therapeutic action, utilization, and possible adverse reactions and interactions of drugs.

The Public Health Code, by section 17722, grants authority to the Board of Pharmacy to regulate, control, and inspect the character and standards of pharmacy practice and of drugs manufactured, distributed, prescribed, dispensed, and administered or issued in this State and procure samples, and limit or prevent the sale of drugs that do not comply with this section's provisions; prescribe minimum criteria for the use of professional and technical equipment in reference to the compounding and dispensing of drugs; grant pharmacy licenses for each separate place of practice of a dispensing prescriber who meets requirements for drug control licensing; and grant licenses to manufacturer/wholesaler distributors of prescription drugs.

The Michigan Board of Pharmacy consists of 11 voting members: 6 pharmacists and 5 public members.

Board Members	Term Expires
Schmidt, Harvey E., R.Ph., Chair (until 8/2010) Tecumseh	6/30/14
Farida, Suhair, R.Ph., Vice Chair West Bloomfield	6/30/11
Almaklani, Dhafer A., R.Ph. Dearborn	6/30/13
Bach, David, PharmD West Bloomfield	6/30/11
Bufe-Wyett, Pamela L., Public Member Bloomfield Hills	6/30/13
Carlson, Dale, Public Member Ferndale	6/30/14
Collins, Gwenesia, R.Ph., Chair (as of 8/2010) Sterling Heights	6/30/11
Fakhoury, Sara A., R.Ph. Troy	6/30/12

Gnodtke, Pamela, Public Member Charlevoix	6/30/10
Hartman-Abramson, Illene, Ph.D., Public Member Novi	6/30/11
Senneker, Devin R., Public Member Comstock Park	6/30/14

The following appointment was made on 5/17/10:

Cousens, Mark, Public Member West Bloomfield (replaced Gnodtke)	6/30/14
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**Schedule of Board Meetings
Fiscal Year 2009/2010**

October 14, 2009
December 9, 2009
March 10, 2010
April 14, 2010
June 9, 2010
August 11, 2010

Licensing Activity

Pharmacists

Applications Received	565
Examinations Authorized	
NAPLEX	580
MPJE	740
Number of Licensees	13,401

Educational Limited Pharmacists

Applications Received	522
Number of Licensees	1,473

Other Licenses

Applications Received	
New Pharmacies	233
Manufacturer/Wholesaler	161

Number of Licensees	
Pharmacy	3,108
Manufacturer/Wholesaler	1,056

Random Continuing Education Audits

Audited	170
Complied	156

Renewal Continuing Education Audits

Audited	28
Complied	28

Regulatory Activity

Allegations Received	201
Administrative Investigations	326
Field Investigations Authorized	91
Field Investigations Completed	77
Administrative Complaints Filed	73
Summary Suspensions Filed	9
Cease and Desist Orders Issued	1

Board Disciplinary Actions

Reprimand	3
Probation	25
Fine	27
Voluntary Surrender	5
Limited License	6
Suspension	14
Revocation	0
Total Disciplinary Actions	80

Pharmacy Inspections

New Store Apps	366
Transfer Apps	76
Relocation Apps	81
Licensing Apps	523
Probation/Monitoring	2
Random	142

Michigan Board of Physical Therapy

The Michigan Board of Physical Therapy was originally formed with the enactment of Public Act 164 of 1965. On September 30, 1978, authority was transferred to the Public Health Code by Public Act 368 of 1978, as amended.

The practice of physical therapy, as defined in the Public Health Code, means: "the evaluation of, education of, consultation with, or treatment of an individual by the employment of effective properties of physical measures and the use of therapeutic exercises and rehabilitative procedures, with or without assistive devices, for the purpose of preventing, correcting, or alleviating a physical or mental disability. It includes treatment planning, performance of tests and measurements, interpretation of referrals, initiation of referrals, instruction, consultative services, and supervision of personnel. Physical measures include massage, mobilization, heat, cold, air, light, water, electricity, and sound."

Public Act 55 of 2009 amended the Public Health Code to include the licensing of the physical therapist assistant. The physical therapist assistant is an individual with a health profession subfield license under this part who assists a physical therapist in physical therapy intervention. The practice of the physical therapist assistant is defined as the practice of physical therapy performed under the supervision of a physical therapist licensed under this part. Additionally, it modified the composition of the board to 11 voting members: 6 physical therapists, 1 physical therapist assistant and 4 public members.

Board Members	Term Expires
Perry, David W., P.T., Chair Grosse Pointe Woods	12/31/11
Marlan, Jill A., P.T., Vice Chair Mason	12/31/13
Crockett, Mecha, Public Member Lansing	12/31/13
Goldenbogen, David, P.T. Saginaw	12/31/13
Handler, Sean, Public Member Boyne Falls	12/31/13
Kumar, Vijay, P.T., Ph.D. West Branch	12/31/12
May, Andrew G., P.T. Lansing	12/31/13
Mostrom, Elizabeth, P.T., Ph.D. Grand Rapids	12/31/11
Smietana, Ginger, Public Member Paw Paw	12/31/13
Thomas-Pilarczyk, Linda, Public Member Parma	12/31/11
Vacant, Professional Member	

Schedule of Board Meetings
Fiscal Year 2009/2010

October 20, 2009

January 19, 2010

April 20, 2010

July 20, 2010

Licensing Activity

Physical Therapists

Applications Received	429
Examinations Authorized	1,221
Number of Licensees	9,194

Physical Therapist Assistants -- Limited

Applications Received	3,272
Examinations Authorized	
Number of Licensees	3,018

Regulatory Activity

Allegations Received	40
Administrative Investigations	57
Field Investigations Authorized	14
Field Investigations Completed	11
Administrative Complaints Filed	6
Summary Suspensions Filed	7
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	1
Fine	2
Voluntary Surrender	0
Limited License	2
Suspension	2
Revocation	1
Total Disciplinary Actions	8

Michigan Joint Task Force on Physician's Assistants

The Committee on Physician's Assistants was formed with the enactment of Public Act 420 of 1976, signed by the Governor on January 9, 1977. The Act regulated the practice of physician's assistants in the State of Michigan, providing a system to determine and approve the qualifications of physician's assistants, creating a committee on physician's assistants, prescribing its powers and duties, and prescribing penalties. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended and became the Joint Task Force on Physician's Assistants.

The practice of a physician's assistant, as defined in the Public Health Code, means the practice of allopathic or osteopathic medicine under the supervision of an allopathic or osteopathic physician or the practice of podiatric medicine under the supervision of a podiatrist.

The Joint Task Force on Physician's Assistants of 2009 consisted of 11 voting members: 5 physician's assistants, a physician representative of the Boards of Medicine, Osteopathic Medicine and Surgery and Podiatric Medicine and Surgery and 3 public members. In May 2010, Public Act 79 passed which increased the board composition to 7 physician's assistants, the 3 physicians previously specified and 3 public members.

Task Force Members	Term Expires
Fenn, William H., P.A.-C, Chair (until 2/2010) Kalamazoo	12/31/09
O'Brien, Bernard J., P.A.-C, Vice Chair (until 2/2010) Alpena, Chair (as of 2/2010)	12/31/11
Acker, Steven A., D.O. Ann Arbor	12/31/13
Davis, Michael A., P.A.-C, Vice Chair (as of 2/2010) Harbor Beach	12/31/11
Hernandez, Rene L., P.A.-C Alma	12/31/11
Lepird, Sherry L., Public Member Portage	12/31/11
Siemaszko, Thomas, Public Member Brighton	12/31/11
Wagner, Karl G., Jr., P.A.-C New Hudson	12/31/11
Weingarden, David S., M.D. Southfield	12/31/11

The following appointments were made on 4/23/10:

Geller, Louis, D.P.M. Huntington Woods (filled vacancy)	12/31/13
Gnodtke, Pamela, Public Member Charlevoix (filled vacancy)	12/31/13
Noth, Christopher, PA-C Grand Blanc (replaced Fenn)	12/31/13

The following appointments were made on 7/30/10 to comply with the new board composition:

Claussen, Michael, PA-C	6/30/14
Kalamazoo	
McGinnity, John, PA-C	6/30/14
Attica	

Schedule of Joint Task Force Meetings

Fiscal Year 2009/2010

October 27, 2009

February 2, 2010

May 11, 2010

August 3, 2010 (DSC only)

Licensing Activity

Applications Received	246
Number of Licensees	3,552

Regulatory Activity

Allegations Received	33
Administrative Investigations	59
Field Investigations Authorized	8
Field Investigations Completed	12
Administrative Complaints Filed	2
Summary Suspensions Filed	0
Cease and Desist Orders Issued	0

Joint Task Force Disciplinary Actions

Reprimand	0
Probation	2
Fine	1
Voluntary Surrender	0
Limited License	0
Suspension	0
Revocation	1
Total Disciplinary Actions	4

Michigan Board of Podiatric Medicine and Surgery

The Michigan Board of Podiatric Medicine and Surgery was originally formed with the enactment of Public Act 115 of 1915. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of podiatric medicine and surgery, as defined in the Public Health Code, means the examination, diagnosis, and treatment of abnormal nails, superficial excrescences occurring on the human hands and feet, including corns, warts, callosities, and bunions, and arch troubles or the treatment medically, surgically, mechanically, or by physiotherapy of ailments of human feet or ankles as they affect the condition of the feet. It does not include amputation of human feet, or the use or administration of anesthetics other than local.

The Michigan Board of Podiatric Medicine and Surgery consists of 9 voting members:
5 podiatrists and 4 public members.

Board Members	Term Expires
Scott, Tara L., D.P.M., Chair Southfield	6/30/11
Geller, Louis, D.P.M., Vice Chair Huntington Woods	6/30/14
Blackledge, Christine, Public Member Traverse City	6/30/11
Gee, Lily, Public Member Haslett	6/30/13
Hughes, Scott, D.P.M. Monroe	6/30/14
Kezelian, Harry A., D.P.M. Bloomfield Hills	6/30/13
Lazar, Howard, D.P.M. Bloomfield Hills	6/30/13
Mills, Raymond, Public Member Bellaire	6/30/10
Morris, Charles, Public Member Wyandotte	6/30/14

The following appointment was made on 4/23/10:

Sher, Robert, Public Member West Bloomfield (replaced Mills)	6/30/14
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Schedule of Board Meetings
Fiscal Year 2009/2010
October 28, 2009 (cancelled)
January 27, 2010
April 28, 2010
July 28, 2010

Licensing Activity

Podiatrists

Applications Received	22
Examinations Authorized	7
Number of Licensees	765

Educational Limited Podiatrists

Applications Received	31
Number of Licensees	58

Random Continuing Education Audits

Audited	12
Complied	8

Renewal Continuing Education Audits

Audited	3
Complied	3

Regulatory Activity

Allegations Received	15
Administrative Investigations	40
Field Investigations Authorized	9
Field Investigations Completed	10
Administrative Complaints Filed	7
Summary Suspensions Filed	0
Cease and Desist Orders Issued	1

Board Disciplinary Actions

Reprimand	0
Probation	2
Fine	0
Voluntary Surrender	0
Limited License	2
Suspension	2
Revocation	0
Total Disciplinary Actions	6

Michigan Board of Psychology

The regulation of psychologists was initially started as a certification by the superintendent of public instruction under the provisions of Public Act 257 of 1959. On September 30, 1978, the certification process was transferred to the Public Health Code, Public Act 368 of 1978, as amended and the Board of Psychology was created.

The Public Health Code defines the practice of psychology as the rendering to individuals, groups, organizations, or the public of services involving the application of principles, methods, and procedures of understanding, predicting, and influencing behavior for the purposes of the diagnosis, assessment related to diagnosis, prevention, amelioration, or treatment of mental or emotional disorders, disabilities or behavioral adjustment problems by means of psychotherapy, counseling, behavior modification, hypnosis, biofeedback techniques, psychological tests, or other verbal or behavioral means. The practice of psychology does not include the practice of medicine such as prescribing drugs, performing surgery, or administering electro-convulsive therapy.

The Michigan Board of Psychology consists of 9 voting members: 5 psychologists and 4 public members.

Board Members	Term Expires
Ver Merris, Dane K., Ed.D., Chair Grand Rapids	12/31/12
Cowie, Julie, Public Member, Vice Chair South Haven	12/31/11
Flores, Christopher J., Public Member Flint	12/31/10
Gualdoni, James A., Public Member Wolverine Lake	12/31/10
Hack, Robert, M.A., L.L.P. West Bloomfield	12/31/12
Navarro, Monica P., Public Member Lake Orion	12/31/13
Reed, James, Ph.D. Lansing	12/31/11
Toll, Roberta, Ph.D. Bloomfield Hills	12/31/11
Warbelow, Alan, L.L.P. Plymouth	12/31/11

Schedule of Board Meetings Fiscal Year 2009/2010

November 12, 2009
February 18, 2010
April 15, 2010
June 17, 2010
August 19, 2010

Licensing Activity

Applications Received	715
Examinations Authorized	119
Number of Licensees	
Psychologists	2,858
Doctoral Limited	232
Masters Limited	3,648
Temporary Limited	383

Regulatory Activity

Allegations Received	95
Administrative Investigations	99
Field Investigations Authorized	39
Field Investigations Completed	32
Administrative Complaints Filed	12
Summary Suspensions Filed	2
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	0
Probation	4
Fine	1
Voluntary Surrender	0
Limited License	5
Suspension	6
Revocation	0
Total Disciplinary Actions	16

Michigan Board of Respiratory Care

The Michigan Board of Respiratory Care was created with the enactment of Public Act 3 of 2004, which amended the Public Health Code, Public Act 368 of 1978.

The practice of respiratory care, as defined in the Public Health Code, means the provision of respiratory care services which may be provided by an inpatient or outpatient service or department within a health facility, by a home care agency or durable medical equipment company, or by an educational program.

The Michigan Board of Respiratory Care in 2009 consisted of 4 respiratory therapists, 1 medical director and 2 public members. In May 2010, Public Act 79 passed which increased the board composition to 7 respiratory therapists, 1 medical director and 3 public members.

Board Members	Term Expires
Berry, James R., Jr., R.T., Chair Detroit	12/31/13
Haas, Carl, L.R.T., Vice Chair Ann Arbor	12/31/11
Abramson, Ilene, Ph.D., Public Member Novi	12/31/12
Kehr, Randall M., R.T. Grandville	12/31/08
Mutch, Kathleen, Public Member Novi	12/31/10
Rinck, John, L.R.T. Eaton Rapids	12/31/13
Sprague, Frank R., M.D. Muskegon	12/31/11

The following appointments were made on 6/30/10 to comply with the new board composition:

Darin, John, L.R.T. Wyandotte	6/30/14
Prins, Julia, L.R.T. Rochester Hills	6/30/14

Schedule of Board Meetings

Fiscal Year 2009/2010

November 20, 2009

February 19, 2010

May 14, 2010

August 13, 2010 (DSC only)

Licensing Activity

Applications Received	321
Number of Licensees	4,857

Regulatory Activity

Allegations Received	10
Administrative Investigations	19
Field Investigations Authorized	2
Field Investigations Completed	7
Administrative Complaints Filed	5
Summary Suspensions Filed	1
Cease and Desist Orders Issued	0

Disciplinary Actions

Reprimand	1
Probation	3
Fine	0
Voluntary Surrender	0
Limited License	0
Suspension	0
Revocation	0
Total Disciplinary Actions	4

Sanitarian Registration

The Michigan Board of Sanitarians was originally formed with the enactment of Public Act 147 of 1963. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended. Executive Order No. 1996-2, effective May 15, 1996, transferred all statutory authority, powers, duties, functions and responsibilities of the Board of Sanitarians under Part 184 of the Public Health Code, being Sections 333.18401 *et seq.* of the Michigan Compiled Laws, from the Department of Commerce to the Director of the Department of Consumer & Industry Services by a Type III transfer as defined by Section 3 of Act No. 380 of the Public Acts of 1965, as amended, being Section 16.103 of the Michigan Compiled Laws. Effective January 1, 2004, Executive Order No. 2003-18 transferred, by a Type II transfer, any authority, powers, duties, functions and responsibilities for programs or functions within the Department of Consumer & Industry Services within the Bureau of Health Services to the Director of the Department of Community Health.

Public Act 308 of 2004, effective January 1, 2004, created a seven-member advisory committee whose purpose is to make recommendations to the Department relative to qualifications for registration, establishment of education and training standards and actions regarding disciplinary proceedings. Underlying all duties is the responsibility of the Department to promote and protect the public's health, safety, and welfare.

Sanitarian means an individual who has specialized education and experience in the physical, biological and sanitary sciences as applied to the educational, investigational and technical duties in the field of environmental health.

By Executive Order 2009-12, the Sanitarian Advisory Committee was abolished effective May 17, 2009. The registration of individuals continues unimpeded.

Registration Activity

Applications Received	4
Number of Registered Sanitarians	508

No Regulatory Activity

No Disciplinary Actions

Michigan Board of Social Work

The Michigan Board of Examiners of Social Workers was originally formed with Public Act 352 of 1972. On October 21, 1980, the authority of the Board was transferred to Article 16 of Public Act 299 of 1980. Public Act 11 of 2000 transferred the authority of the Board of Examiners of Social Workers to the Public Health Code, Public Act 368 of 1978, as amended. Public Act 61 of 2004 amended Public Act 368 of 1978 to provide for licensure of bachelor's and master's level social workers and for the registration of social service technicians.

The practice of social work at the bachelor's level, as applied within the scope of social work values, ethics, principles and skills, means the following: the application of social work theory, knowledge, methods and ethics; social work case management and casework; helping communities, organizations, individuals, or groups improve their social or health services by utilizing social work practice skills; and the administration of assessment checklists that do not require special training and that do not require interpretation.

The practice of social work at the master's level, as applied within the scope of social work values, ethics, principles and skills, means the following: advanced application of macro social work processes and systems; the advanced application of specialized clinical knowledge; and advanced clinical skills and the advanced application of the knowledge of human development and behavior and social, economic and cultural institutions.

The Michigan Board of Social Work consists of 9 voting members: 6 individuals engaged primarily in the practice of social work and 3 public members.

Board Members	Term Expires
Wojack, Matthew, L.M.S.W., Chair Lansing	12/31/13
Najor-Durack, Anwar, L.M.S.W., Vice Chair West Bloomfield	12/31/11
Bell, Heather Adams, Public Member Grand Rapids	12/31/12
Battles, Merry, L.M.S.W. Kalamazoo	12/31/12
Calery, Ronald, L.M.S.W. Sault Ste. Marie	12/31/11
Cushingberry, Allen L., Psy.D. West Bloomfield	12/31/09
McFadden, Emily Jean, L.M.S.W. Holland	12/31/10
Munson, Dara, Public Member West Bloomfield	12/31/10
Semonian, Alan T., Public Member Southfield	12/31/09

The following appointments were made on 4/21/10:

Brock, Michele, L.M.S.W. East Lansing (replaced Calery)	12/31/11
Hayes, E. Jane, L.M.S.W. Traverse City (replaced Cushingberry)	12/31/13
Manela, Pamela, L.M.S.W. Novi (replaced McFadden)	12/31/10
Woods, Michelle, Public Member Jackson (replaced Semonian)	12/31/13

**Schedule of Board Meetings
Fiscal Year 2009/2010**

November 24, 2009
January 26, 2010
March 23, 2010
May 25, 2010
July 27, 2010
September 28, 2010

Licensing Activity

Master's Social Workers

Applications Received	682
Examinations Authorized	715
Number of Licensees	13,711

Limited Master's Social Workers

Applications Received	925
Number of Licensees	3,719

MSW Specialty Certifications

Macro Specialty

Applications Received	2
Number of Certifications	11,887

Clinical Specialty

Applications Received	3
Number of Certifications	13,488

Bachelor's Social Workers

Applications Received	71
Examinations Authorized	94
Number of Licensees	4,647

Bachelor's Limited Social Workers

Applications Received	239
Number of Licensees	735

Social Service Technicians

Applications Received	110
Number of Registrants	1,616

Social Services Limited Technician

Applications Received	9
Number of Registrants	25

Random Continuing Education Audits

Audited	200
Complied	178

Renewal Continuing Education Audits

Audited	42
Complied	42

Regulatory Activity

Allegations Received	159
Administrative Investigations	242
Field Investigations Authorized	62
Field Investigations Completed	46
Administrative Complaints Filed	60
Summary Suspensions Filed	3
Cease and Desist Orders Issued	0

Board Disciplinary Actions

Reprimand	1
Probation	24
Fine	0
Voluntary Surrender	2
Limited License	3
Suspension	18
Revocation	0
Total Disciplinary Actions	48

Michigan Board of Speech-Language Pathology

The Michigan Board of Speech-Language Pathology was created with the enactment of Public Act 524 of 2009, which amended the Public Health Code, Public Act 368 of 1978.

The practice of speech-language pathology, as defined in the Public Health Code, means the application of principles, methods, and procedures related to the development of disorders of human communication.

The Michigan Board of Speech-Language Pathology consists of 11 voting members: 6 speech-language pathologists, 3 public members and 2 physicians, one of whom is a board-certified otolaryngologist.

Board Members	Term Expires
Weise, Timothy, CCC-SLP, Chair Grosse Ile	12/31/13
Strong, Katie, CCC-SLP, Vice Chair East Lansing	12/31/11
Austin, Brit, CCC-SLP Oxford	12/31/10
Brown-Clarke, Judith, Ph.D., Public Member Lansing	12/31/13
Eldis, Francis, CCC-A/SLP Redford	12/31/10
Fairbrother, Ellen, CCC-SLP Southfield	12/31/11
Koepke, Thomas, Ph.D., Public Member Novi	12/31/12
Meyer, Jeanette, M.D. Kalamazoo	12/31/12
Riccio-Omichinski, Donna, Public Member Ann Arbor	12/31/11
Stevens, Lizbeth, CCC-SLP Berkley	12/31/12

The following appointment was made on 9/3/10:

Gardner, Glendon, M.D. Bloomfield Hills	12/31/13
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Schedule of Board Meetings
Fiscal Year 2009/2010

December 7, 2009
January 8, 2010
February 12, 2010
March 16, 2010
April 23, 2010
June 25, 2010
August 16, 2010
September 13, 2010

Licensing Activity

The Board is developing administrative rules to implement the licensing program so no licenses can be issued until the rules are officially filed.

Michigan Board of Veterinary Medicine

The Michigan Board of Veterinary Medicine was originally formed with the enactment of Public Act 152 of 1956. On September 30, 1978, this authority was transferred to the Public Health Code, Public Act 368 of 1978, as amended.

The practice of veterinary medicine, as defined in the Public Health Code, means prescribing or administering a drug, medicine, treatment or method of procedure; performing an operation or manipulation; applying an apparatus or appliance; or giving an instruction or demonstration designed to alter an animal from its normal condition; curing, ameliorating, correcting, reducing, or modifying a disease, deformity, defect, wound, or injury in or to an animal; diagnosing or prognosing, or both, a disease, deformity or defect in an animal by a test, procedure, manipulation, technique, autopsy, biopsy, or other examination.

The Michigan Board of Veterinary Medicine consists of 9 voting members: 5 veterinarians, 1 veterinary technician, and 3 public members.

Board Members	Term Expires
Vaupel, Henry, D.V.M., Chair Fowlerville	12/31/10
Letsche, Lawrence A., D.V.M., Vice Chair Plymouth	12/31/13
Allen, Carlene, Public Member Frederic	12/31/13
Beattie, Kimlee, Public Member East Lansing	12/31/13
Kopcha, Michelle, D.V.M. Haslett	12/31/10
McMahon-Pelton, Sandra, L.V.T. Westland	12/31/12
Postorino-Reeves, Nancy, D.V.M. East Lansing	12/31/12
Rohwer, Christopher, D.V.M. Kalamazoo	12/31/10
Stitt, Amanda, Public Member Lansing	12/31/11

Schedule of Board Meetings

Fiscal Year 2009/2010

October 22, 2009
December 1, 2009
February 25, 2010
April 22, 2010
June 24, 2010
August 26, 2010

Licensing Activity

Veterinarians

Applications Received	144
Number of Licensees	3,752

Clinical Academic Veterinarians

Applications Received	12
Number of Licensees	77

Educational Limited Veterinarians

Applications Received	3
Number of Licensees	2

Veterinary Technicians

Applications Received	184
Examinations Administered	200
Number of Licensees	2,408

Regulatory Activity

Allegations Received	72
Administrative Investigations	111
Field Investigations Authorized	25
Field Investigations Completed	30
Administrative Complaints Filed	14
Summary Suspensions Filed	1
Cease and Desist Orders Issued	1

Board Disciplinary Actions

Reprimand	1
Probation	7
Fine	1
Voluntary Surrender	1
Limited License	1
Suspension	2
Revocation	0
Total Disciplinary Actions	13

Michigan Medical Marihuana Registry

The Michigan Medical Marihuana Registry was created with the passage of Initiated Law 1 of 2008 by the people of Michigan in November 2008. The Act is intended to allow the medical use of marihuana; to provide protections for the medical use of marihuana; to provide for a system of registry identification cards for qualifying patients and primary caregivers; to impose a fee for registry application and renewal; to provide for the promulgation of rules; to provide for affirmative defenses; and to provide for penalties for violations of the act.

Although federal law currently prohibits any use of marihuana except under very limited circumstances, states are not required to enforce federal law or prosecute people for engaging in activities prohibited by federal law. The passage of this law creates a setting where citizens are not penalized for the medical use and cultivation of marihuana if authorized to do so by the state of Michigan.

The registry was implemented on April 6, 2009. Individuals can apply to be registered as a patient and a patient can indicate that a specific individual will assist as a caregiver for them. A registered patient can cultivate 12 plants and possess 2.5 ounces of marihuana. A designated caregiver can cultivate 12 plants on behalf of a patient if so authorized. Only one person – the patient or the caregiver on behalf of the patient can grow the 12 allotted plants. A caregiver can be designated to assist up to 5 patients.

The application process consists of submitting a fee and a form with basic information regarding name, address, identification information and designation of who controls the marihuana plants – the patient or caregiver. In addition to the application, the patient must also provide documentation from a fully licensed Michigan physician with whom they have a bona fide relationship certifying they have one or more of the debilitating conditions specified in the law. The physician attests that the use of medical marihuana may be beneficial to the patient. The physician does not write or provide a prescription for the medical marihuana. Marihuana is not dispensed through a pharmacy.

As of September 30, 2010, the registry program had received 63,683 applications since the onset of the program in April 2009. There were 38,064 patient cards issued and 15,988 patients who have designated caregivers approved (this is not the total number of caregivers registered in the state of Michigan as one caregiver can receive multiple cards—one for each qualifying patient to whom the caregiver is connected). Specifically for fiscal year 2009-10, the registry program received 50,960 applications, which includes new and renewal applications. During fiscal year 2009-2010 there were 31,144 patient registry cards issued and 13,087 patients with designated caregivers.

The registry program is cycling through the first renewal process. All registered qualifying patients are required to renew annually. The renewal process requires an application, a new physician certification form, an attestation from the designated caregiver (if applicable), the requisite fee and copies of photo identification. The renewal is valid for one year, just as the original application. New registry identification cards are issued to the qualifying patient and the designated caregiver.

Additional information regarding this program can be located at www.michigan.gov/mmp.

Health Professional Recovery Committee

The Health Professional Recovery Committee (HPRC) was created by Public Act 80 of 1993, which became effective April 1, 1994. Section 333.16167 describes the Committee's duties as follows:

Sec. 16167. The committee shall do all of the following:

(a) Establish the general components of the health professional recovery program and a mechanism for monitoring health professionals who may be impaired.

(b) Subject to sections 16169 and 16170 and in conjunction with the health professional recovery program consultants described in section 16168, develop and implement criteria for the identification, assessment, and treatment of health professionals who may be impaired.

(c) In conjunction with the health professional recovery program consultants described in section 16168, develop and implement mechanisms for the evaluation of continuing care or aftercare plans for health professionals who may be impaired.

(d) Develop a mechanism and criteria for the referral of a health professional who may be impaired to a professional association when appropriate for the purpose of providing assistance to the health professional. In developing criteria under this subdivision, the committee shall require that a referral be made only with the consent of the health professional.

(e) Annually report to each board and the physician's assistants task force created under this article on the status of the health professional recovery program. The committee shall include in the report, at a minimum, statistical information on the level of participation in the program of each health profession. The committee may include in the report recommendations for changes in the health professional recovery program and for participation by the boards and the physician's assistants task force, professional associations, substance abuse treatment and prevention programs, and other appropriate agencies.

The health profession boards and the Director of the Department of Community Health appoint members in accordance with Section 16165 of the Michigan Public Health Code.

Schedule of Committee Meetings

Fiscal Year 2009/2010

December 14, 2009

March 15, 2010

June 20, 2010

September 20, 2010

Member Appointed By	Term Expires
Newman, Charles H., R.Ph., Chair (until 12/20/09) Board of Pharmacy	12/31/09
Christensen, Carl, M.D., Ph.D., Vice Chair (until 3/2010) Board of Medicine, Chair (as of 3/2010)	12/31/11
Kelley, Bobbe J., D.O., Vice Chair (as of 3/2010) Board of Osteopathic Medicine & Surgery	12/31/10
Barna, Mary E., D.P.M. Board of Podiatric Medicine & Surgery	12/31/09
Bender, Dean A., M.A., D.C. Board of Chiropractic	12/31/10

Berkman, Arnold S., PhD Board of Psychology	12/31/11
Black, R. Elizabeth, P.T., M.S. Board of Physical Therapy	12/31/09
Crain, Jo Anne, Ph.D., O.T.R. Board of Occupational Therapists	12/31/09
Creighton, Nancy, L.M.F.T. Board of Marriage & Family Therapy	12/31/11
Foley, Mary K., R.N. Board of Nursing	12/31/10
Hamick, Steven K., R.R.T. Board of Respiratory Care	12/31/10
Kronquist, Mary P., M.M. Public Member	12/31/10
Lewis, Joan M., D.D.S. Board of Dentistry	12/31/11
McQuiddy, Merry, J.D. Public Member	12/31/09
O'Connor, Mary, L.M.S.W. Board of Social Work	12/31/10
O'Handley, Patricia, D.V.M. Board of Veterinary Medicine	12/31/10
Rolston, Steve, N.H.A. Board of Nursing Home Administrators	12/31/11
Rosen, Seymour R., O.D. Board of Optometry	12/31/10
Vivian, Lynda Z.B., PA-C Task Force on Physician's Assistants	12/31/09
Walkons, Christine, L.P.C. Board of Counseling	12/31/11

Ex-Officio Members

Brim, Melanie B., Ex-Officio, Bureau of Health Professions
Representing Department Director
Bushong, Susan M., L.B.S.W., Contract Administrator/Outreach Coordinator
Bureau of Health Professions
Ramsdell, Rae, Bureau of Health Professions

The following appointment was made on 3/26/10:

Michael Burke Public Member	12/31/11
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The following appointment was made on 2/2/10:

Westbrook, Joan Task Force on Physician's Assistants	12/31/11
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The following appointment was made on 4/10/10:

Dimo, Mary E., PharmD Board of Pharmacy	12/31/11
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Accomplishments

- ☐ The Committee continues to review the HPRP policies and procedures to identify potentially needed changes to ensure accurate monitoring.
- ☐ A Policy and Procedure was developed and approved for the Anesthesia professionals.
- ☐ Policies regarding Pain Management, Mental Health and Medical Marijuana continue to be evaluated for inclusion and implementation.
- ☐ The HPRP Outreach Worker continues to increase educational and outreach efforts for the program, statewide, to hospitals and other treatment facilities as well as educational facilities to ensure awareness of signs of impairments and resources for referral.
- ☐ A database continues to be upgraded for use by the contractor, to assist with monitoring program participants. The updated database is anticipated to allow monitoring staff to more quickly identify any issue of non-compliance as well as provide data regarding the use and effectiveness of the program.
- ☐ The HPRP website, www.hprp.org, has been updated to allow for on-line submission of required reports and to include more relevant information for anyone requesting information on the program.

Controlled Substances Advisory Commission

The Controlled Substances Advisory Commission was established by Public Act 60 of 1988, to monitor indicators of controlled substance abuse and diversion, to recommend actions to address diversion and identified problems of abuse and diversion. The Commission consists of 13 voting members and 7 ex-officio members.

Member Representing	Term Expires
Blanchard, Charles Pharmaceutical Manufacturers, Haslett	8/30/11
Bugbee, Nina, R.N. Board of Nursing, Flushing	8/30/11
Farida, Suhair, R.Ph. Board of Pharmacy, West Bloomfield	8/30/11
Dull, David, M.D. Board of Medicine, Ada	8/30/11
Hennessey, Rhonda, D.D.S. Board of Dentistry, Northville	8/30/11
Letsche, Lawrence, D.V.M. Board of Veterinary Medicine, Plymouth	8/30/11
Monteith, Scott, M.D. Psychiatry Profession, Traverse City	8/30/11
Saadeh, Claire, Pharm D Pharmacology Profession, Dewitt	8/30/11
Kezelian, Harry, D.P.M. Board of Podiatric Medicine & Surgery, Bloomfield	8/30/11
Vanator, Douglas, D.O. Board of Osteopathic Medicine & Surgery, Olivet	8/30/11
Smith, Dennis Public Member	8/30/11
Sullivan, Brian Public Member	8/30/11
Hemphill, Darnarius Public Member	8/30/11

Ex-Officio Members

Brim, Melanie B., Director, Bureau of Health Professions
Department of Community Health
Stokes, Wanda, Division Chief, Licensing & Regulation Division
Department of Attorney General
Kenyon, James, R.Ph., Bureau of Medicaid Program
Department of Community Health
Wissel, Michael, R.Ph., Drug Control Administrator
Department of Community Health

Vacant
Director of Public Health
Vacant
Department of Education
Vacant
Department of Michigan State Police

Schedule of Commission Meetings

Fiscal Year 2009/2010

October 20, 2009 (committee of the whole – no quorum)
January 19, 2010
April 20, 2010 (cancelled – no quorum)
July 20, 2010 (cancelled – no quorum)

Recommendations offered at the January 19, 2010 meeting included mandatory use of the Michigan Automated Prescription System (MAPS) by practitioners, proper disposal of prescription medication and access to electronic medical records (EMR) when appropriate.

Michigan Automated Prescription System

The Michigan Automated Prescription System (MAPS) is the state mandated prescription monitoring program for the State of Michigan. The MAPS program is used to identify and prevent drug diversion at the prescriber, pharmacy and patient levels by collecting prescription data listed in Schedules 2-5 controlled substances dispensed by pharmacies and practitioners.

Pharmacists and dispensing prescribers are required to report all controlled substances they dispense to MAPS on a bi-monthly basis. A rule change has been introduced which will require weekly reporting in an effort to provide the most current prescription information on MAPS reports.

The recent U.S. Drug Enforcement Agency (DEA) rule change, effective June 1, 2010, provides practitioners with the option of writing prescriptions for controlled substances electronically and permits pharmacies to receive, dispense and archive these electronic prescriptions. This change requires an enhanced reporting format for MAPS, which will allow MAPS to accept and process electronic prescriptions. Implementation for the new required version, ASAP (American Society for Automation in Pharmacy) 4.1 (2009), began in July 2010 with an effective date April 1, 2011 for all users to submit prescription data in the new ASAP version.

Upon registration to MAPS Online, prescribers query the electronic MAPS database, for patient-specific reports which allow a review of the patient's previous Schedule 2-5 controlled substance prescription records to determine if patients are receiving controlled substances from another provider. MAPS is available 24/7 and reports are available for review almost immediately upon the practitioner's request. Law enforcement agencies in Michigan also register to MAPS Online to obtain prescription data for bona fide drug-related criminal investigatory or evidentiary purposes.

The system is currently providing approximately 1,900 reports daily to practitioners, pharmacists, and law enforcement agencies. There are approximately 15,000 MAPS users, which is approximately 20% of the licensed health professionals in Michigan.

A total of 18,009,173 prescriptions were reported to MAPS in 2010. Hydrocodone combinations such as Vicodin, Norco, Lorcet and Lortab accounted for 5,821,965 prescriptions or 30% of the total number dispensed.

MAPS operations also include notification to prescribers when MAPS information indicates their patient may be a doctor shopper, which is an individual who visits numerous doctors and pharmacies to obtain controlled substances for the purpose of abuse or diversion. The goal of informing practitioners of possible doctor shoppers is to assist them in taking corrective action for the patient and provide the patient with guidance for substance abuse and addiction treatment. Approximately 2,500 notification letters were sent to practitioners for FY10.

MAPS administrators along with the Michigan Pain Management Program have produced a DVD to promote the use of MAPS along with guidelines for effective pain management.

A website dedicated to MAPS, www.michigan.gov/mimapsinfo, was established, which provides information about MAPS, registration instructions, new information and contact information.

A recommendation by the State of Michigan's Advisory Committee on Pain and Symptom Management to ensure patients who suffer from chronic pain have reliable and on-going access to a pharmacy that can fill valid prescriptions for Schedule 2 controlled substances, was addressed by the Pain Management and Palliative Care Program and the Michigan Automated Prescription System. Michigan pharmacies were surveyed in an effort to compile a confidential list, or pharmacy directory, of pharmacies that stock supplies of Schedule 2 controlled substances. This pharmacy directory will be provided to practitioners via a link through MAPS Online, which will enable the practitioner to refer their patients to pharmacies in their geographical area that supply Schedule 2 controlled substances. This will ensure the patient has access to medication that is required for pain relief.

A grant was awarded by the Substance Abuse and Mental Services Health Administration to MAPS in partnership with the Bureau of Substance Abuse and Addiction Services (BSAAS) and Coordinating Agencies. Intervention services are provided to eligible Medicaid recipients identified through MAPS who doctor shop and appear to be abusing opiates, primarily hydrocodone combinations. The grant will pay for oversight by BSAAS and the actual caseworkers who arrange the interventions and provide continuous monitoring of Medicaid recipients who elect to receive treatment for an opiate addiction.

The contract with HTC Global Services continues to provide a full-time programmer placed within DTMB to facilitate the full transition of the MAPS system to DTMB. MAPS operations continue to be administered by the Bureau.

This report satisfies the requirements of MCL 333.7113(2).

Professional Practice Section

The Workforce Development, Research & Evaluation Section (WDRE) was established in August 2006 and is housed in the Administration Division within the Bureau of Health Professions. The name of the section was changed in 2009 to the Professional Practice Section to encompass its broader range of activities.

The Professional Practice Section is responsible for ongoing efforts and various projects including:

- ☐ Licensing surveys received by licensees and registrants in their license/registration renewal notice mailings. The information obtained from these completed surveys determines current and future healthcare workforce trends and needs as well as professional practice issues such as pain management, patient safety and E-health practices. Professions surveyed to date include nurses, physicians, physician residents, dentists, dental hygienists, pharmacists and physician's assistants.
- ☐ Health Careers in Michigan website (www.michigan.gov/healthcareers) that provides comprehensive information about careers in the healthcare field, the skills and education needed to pursue various careers, licensing requirements, and employment information.
- ☐ Patient Safety website (www.michigan.gov/patientsafety) that provides information for health professionals and the general public related to patient safety issues.
- ☐ Publishes a quarterly newsletter titled *Public Forum*. This newsletter addresses health issues impacting the public and is electronically disseminated to health clinics and health professionals to have available for their patients. It can also be electronically submitted to members of the general public upon request. The newsletter provides a wide array of health-related information that is of interest to both the general public and the health professionals who provide care for Michigan's citizens.
- ☐ Publishes biannual newsletter *MiPainManagement* and distributes to several health professional licensees and other healthcare professionals. This newsletter is designed to provide healthcare professionals with information regarding pain and symptom management. It also provides information regarding best practices, training and efforts to improve pain management in Michigan by the state's pain management program.
- ☐ Develops resources for licensed and registered health professionals around a host of professional practice, healthcare workforce and licensure/regulation issues. A recent resource was the development in 2010 of an online three-part training module for physicians on Licensing, Professionalism and Regulation.
- ☐ Provides administrative support and guidance for two special committees: the Advisory Committee on Pain and Symptom Management (ACPSM) and the Interagency Healthcare Workforce Coordinating Council (IHWCC).
- ☐ Serves as the contract administrator for the Michigan Center for Health Professions and the Michigan Center for Nursing.

Advisory Committee on Pain and Symptom Management

The Advisory Committee on Pain and Symptom Management was originally created in April 1999. The Committee was charged with making recommendations to the legislature in 2002. In May 2006, a new Committee was appointed to oversee the recommendations of the prior committee and consider new recommendations regarding pain and symptom management issues that have arisen since 2002. Appointments to the Committee are by designated licensing boards or the Governor.

In order to meet one of the Committee's 2002 recommendations, this program developed a Pain and Symptom Management website (www.michigan.gov/pm) that provides in-depth information for health professionals, the general public, patients, families and advocates. Information for professionals includes state and national guidelines, relevant Michigan legislation, educational links, articles and publications. Information for the public includes definitions, myths and treatment options, end of life care, state and national guidelines and recommendations for palliative care, helpful resources and databases, and links to news reports about pain and symptom management.

In order to meet other 2002 recommendations of the Committee, the PMPCP has actively promoted the Michigan Automated Prescription System (MAPS) to all prescribers through print and electronic media, including a DVD on MAPS and pain management to be distributed in March 2011. The program has also been instrumental in the distribution of the **Responsible Opioid Prescribing: A Physicians Guide** to licensed prescribers and licensees that work closely with them.

The Committee also provides professional expertise and consultation to the state's Pain Management and Palliative Care Program (PMPCP) which was established in 2006. The PMPCP is critical to the development of statewide strategies to improve pain and symptom management in Michigan.

The Committee members are:

Member	Term Expires
Representing/Appointed By	
Brim, Melanie, Director, Chair MDCH/Bureau of Health Professions	6/30/11
Brintnall, Ruth Ann, R.N., M.S.N., Ph.D. Grand Valley State University/Board of Nursing	6/30/11
Chafty, Michael D., M.D., J.D. Board of Medicine	6/30/11
Clauw, Daniel J., M.D. University of Michigan School of Medicine/Governor	6/30/11
Dobritt, Dennis W., D.O. Board of Osteopathic Medicine & Surgery	6/30/11
ElGeneidy, Ahmed, D.D.S. Board of Dentistry	6/30/11
Friend, Jean Public Member/Governor	6/30/11

Geraci, Ralph A., PA-C	6/30/11
Task Force on Physician's Assistants	
Lewandowski, Alan, Ph.D.	6/30/11
Board of Psychology	
Lewandowski, Jeanne, M.D.	6/30/11
Board of Medicine	
McCall, Frenchie, L.M.S.W.	6/30/11
Chronic Pain Sufferer/Governor	
Morrone, William, D.O.	6/30/11
Board of Osteopathic Medicine & Surgery	
Prokop, Lawrence L., D.O.	6/30/11
Michigan State University, College of Osteopathic Medicine	
Roskos, Steven E., M.D.	6/30/11
Michigan State University, College of Human Medicine	
Saadeh, Claire, Pharm.D., BCOP	6/30/11
Board of Pharmacy	
Silveira, Maria J., M.D., M.A., M.P.H.	6/30/11
Michigan Hospice and Palliative Care Association/Governor	
Stellini, Michael A., M.D.	6/30/11
Wayne State University School of Medicine/Governor	

Interagency Healthcare Workforce Coordinating Council

The Interagency Healthcare Workforce Coordinating Council (IHWCC) is composed of representatives from the Office of the Governor, Michigan Department of Community Health, Michigan Department of Corrections, Michigan Department of Education, Michigan Department of Energy, Labor & Economic Growth, Michigan Department of Human Services, and the Michigan Health Council. The Department of Community Health provides oversight for the Michigan Healthcare Workforce Center. To assist the Department of Community Health in assuring that the Center is useful to the public, the four departments established the IHWCC. The IHWCC serves in an advisory capacity to the Department of Community Health.

The Michigan Healthcare Workforce Center (www.michigan.gov/mhwc) will:

- ☐ Serve as a clearinghouse for workforce data
- ☐ Administer surveys to licensed health professionals
- ☐ Convene and/or participate with groups to address workforce issues
- ☐ Conduct research and publish papers on workforce related issues

Healthcare Workforce Activity

The Bureau of Health Professions has been engaged in work related to Michigan's healthcare workforce since 2003. In 2004, the Bureau established the Michigan Healthcare Workforce Center. The Center's purpose is to serve as a clearinghouse for workforce data through their website (www.michigan.gov/mhwc), administer surveys to licensed health professionals, convene and/or participate with groups to address workforce issues, and conduct research and publish papers on workforce related issues. In 2006, the Bureau established the Workforce Development, Research and Evaluation Section to staff the Center's activities. The activities include managing a contract with the Michigan Health Council to develop and maintain the Michigan Center for Health Professions and the Michigan Center for Nursing:

Michigan Center for Health Professions

The Michigan Center for Health Professions at the Michigan Health Council was established in 2005 as a central source for information on the recruitment, education and retention of health professionals in Michigan.

The goals of the Michigan Center for Health Professions are to:

- ☐ Establish a central forum for exploring and addressing needs and issues that impact the supply and career mobility of health professionals
- ☐ Foster collaboration among representatives of key health disciplines, educators, employers, and government regulators
- ☐ Locate existing data sources and identify any gaps in the data
- ☐ Collect additional information to evaluate the supply and demand of health professionals in Michigan
- ☐ Provide a clearinghouse of educational resources and information to assist academic institutions in strengthening the education of health professionals in Michigan

2010 accomplishments of the MCHP include:

- ☐ Convened regular stakeholder meetings of a professional advisory board to develop, implement and improve strategies to enhance Michigan's healthcare workforce.
- ☐ Produced the white papers *Assessing the Impact of Health Care Reform on the Healthcare Workforce* and *A Profile of Michigan's Nurse Practitioner and Physician Assistant Workforce 2010*.
- ☐ Maintained the MCHP website and published MCHP newsletters, which offer employment assistance and other professional resources.
- ☐ Convened roundtable discussions with college/university deans and key state professional health programs to focus on the physician assistant, imaging, and clinical laboratory science professions.

Michigan Center for Nursing

The Michigan Center for Nursing at the Michigan Health Council was created in 2003 to champion the nursing workforce through on-going collaboration, communication and consensus building.

The goals of the Michigan Center for Nursing are to:

- ☐ Develop recommendations for cultivating and maintaining a high-quality nursing workforce that meets the demand for nursing services in Michigan
- ☐ Foster strategic alliances among nurses, educational institutions, health care systems, the business community and other stakeholders for improvement in the recruitment, education, retention of nurses and the delivery of health care
- ☐ Establish a central resource for nursing workforce data collection and analysis

2010 accomplishments of the MCN include:

- ☐ Conducted the 2010 survey of licensed nurses in Michigan
- ☐ Convened regular stakeholder meetings of a professional advisory board and collaborate with the MDCH Office of the Chief Nurse Executive to develop, implement and improve strategies to enhance Michigan's nursing workforce
- ☐ Provided important professional information to Michigan nurses through their website, newsletter, and State conferences
- ☐ Helped develop the Nurse Practitioner/Physician Assistant profile