

Michigan Board of Nursing

Interesting Facts and History

1909-Present

The Michigan Board of Nursing was established in 1909 under Public Act 319.

The Board was originally called the Board of Registration of Nurses.

The initial board was comprised of four Michigan residents: 3 graduated nurses and one physician.

The registration fee was \$10. (By today's standards adjusted for inflation, that is the equivalent of approximately \$236. \$10 today is the equivalent of \$.44 in 1909.)

Board members received \$5 per day for each day of attending board meetings.

1910: Registered Nurse licensure began

1921: The Act was amended to provide for licensure of trained attendants.

1922: Trained Attendant licensure began.

1939: Board composition was changed to include 5 professional nurses.

1940: The fee for a duplicate registration was \$1.00.

The Michigan Nurses Association paid the travel expenses of Board members to board meetings as the state did not approve payment of travel.

1949: The first examination for foreign nurses was held. For those with "language difficulties" the exam included four subjects: anatomy and physiology, microbiology, care of children and communicable disease nursing. Two additional subjects were included for English and Canadian applicants and applicants "who have overcome language difficulties:" nursing arts and surgical nursing.

1952: The Act was amended to provide for licensure of practical nurses (LPNs). Provisions for licensing Trained Attendants were removed from the Act.

The Board moved that male nurses be required to write the same examination as female nurses, "with the exception of obstetric nursing and that a urological examination be prepared in this subject."

The name of the Board was changed to the Michigan Board of Nursing.

- 1955: The Board moved that directors of schools of nursing be informed that men may be admitted to schools in the same manner as women and that all schools of nursing receive the requirements for male students.
- 1957: The Board moved that experience in “genito-urinary nursing” be substituted for obstetric nursing for male nursing students.
- 1959: The Board moved that the Michigan Hospital Association be requested to make a study to determine if nurses’ patient records could be simplified to give nurses greater opportunity for bedside nursing care than utilizing most of their time for recordkeeping.
- 1965: The Attorney General’s office advised the Board that the law is silent on the issue of who can attend Board meetings, it is within the discretion of the Board to determine who may attend the meetings, for what length of time and for what purpose.
- 1966: The Board determined that theory in obstetrics should be required for male students but not practice in post-partum care. Theory and practice in labor, delivery and newborn are encouraged.
- 1971: The Board reaffirmed the belief that continuing education programs for nurses is a priority to prepare nurses for assuming extended responsibilities for patient care.
- 1972: Renewal date of licenses changed from birthdate to March 31 of each year.
- 1975: The Board supported the American Nurses Association Resolution that by 1980, faculty of nursing programs have a master’s degree with graduate preparation in nursing and teaching.
- 1978: The Board established requirements for issuance of nurse specialty certification.
- 1996: Continuing education became required for renewal of a nursing license.
- 2000: The department began providing nursing scholarships supported by \$2 from each license fee.