

PETITION
**REQUESTING THAT A PARTICULAR MEDICAL CONDITION OR TREATMENT BE INCLUDED
IN THE LIST OF DEBILITATING MEDICAL CONDITIONS UNDER RULE 333.101**

To: Michigan Department of Public Health
Capitol View Building 201 Townsend Street
Lansing, Michigan 48913.

The undersigned petitioner hereby requests of the Michigan Department of Public Health that the following medical condition or treatment be included in the list of debilitating medical conditions under rule 333.101:

Print Name of Medical Condition or Treatment to be added (brief description and reasons optional)

I request that the department submit the written petition to the review panel, and require that within 60 days of receipt of the petition, the panel shall make a recommendation to the department regarding approval or denial of the petition.

I request that upon receipt of a recommendation from the review panel, the department shall do all of the following:

- (a) Post the panel's recommendations on the department's website for public comment for a period of 60 days.
- (b) Give notice of a public hearing not less than 10 days before the date of the hearing.
- (c) Hold a public hearing within the 60-day time period that the recommendation from the panel is posted on the department's website.

I request that after a public hearing, the department shall forward comments made during the hearing to the panel for review, the panel allowed to revise its recommendations, and that within 180 days of the date this petition is filed with the department, the department director make a final determination on the petition.

If the petition is approved, I request the department create a document verifying the addition of the new medical condition or treatment to the list of debilitating medical conditions identified under Rule 333.101. Until such time as these rules are amended to officially recognize the medical condition as a qualifying debilitating medical condition, I request the department develop a policy that allows the new medical condition to be used as a qualifier for a registry identification card.

(If checked) I have attached additional sheets and exhibits, a total of _____ additional pages, which sheets and exhibits are incorporated into this petition by reference.

Signed: _____ Date: _____

Printed Name of Petitioner: _____ Phone: _____

Petitioner's Mailing Address: _____

CERTIFICATE OF MAILING

I certify that this "Petition Requesting That A Particular Medical Condition Or Treatment Be Included In The List Of Debilitating Medical Conditions Under Rule 333.101", with any attached sheets and exhibits, if any, was served on this date upon the Michigan Department of Public Health by ordinary mail at Capitol View Building 201 Townsend Street, Lansing, Michigan 48913.

Signed: _____ Date: _____

Forms and legal details available @ www.QualifyingPatient.com

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