

CONTROLLED SUBSTANCE ADDITIONAL LOCATION LICENSE APPLICATION

PLEASE NOTE: If you only prescribe controlled substances at more than one location, you only need one controlled substance license. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. All practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162d. YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.

INSTRUCTIONS

- ADDRESS CHANGES FOR PRACTITIONERS:** If your license address has changed since you have applied for professional licensure, download the Data Change/Duplicate License Request Form from our website and fax it to (517) 373-7179 or mail it to the address above.
- CONTROLLED SUBSTANCE FEE:** Initial (first time) professional license or relicensure of your professional license- \$85.85
 If you already hold a professional license and your professional license expires in:
 0-12 months the fee is \$85.85 13-24 months the fee is \$161.60 25-36 months the fee is \$237.35
- M.D./D.O Applicants:** This application may not be used for physicians who are prescribing for a drug treatment program. Please request an application for the Prescribing Physician in a Drug Treatment Program.
- Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Please select the license you are applying for from the drop down list below:

First Name:	Middle Name:	Last Name:
Additional Location Street Address:		Ste #:
City:	State:	Zip Code:
Michigan Health Professional ID/License Number:	Expiration Date:	
U.S. Social Security #:	Phone Number:	

Note: If you answer "yes" to the question below , you must provide a detailed explanation with copies of all official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

- Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?

	Yes
	No

If yes, please explain

I am applying for an additional controlled substance license for the location listed above and declare that the statements and information contained on this application are true.

Signature of Applicant _____ Date _____

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