



Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing

Board of Pharmacy

PO Box 30670

Lansing MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

PHARMACIST EDUCATIONAL LIMITED LICENSE APPLICATION PACKET

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PHARMACIST EDUCATIONAL LIMITED LICENSURE INSTRUCTIONS

*** Please read application instructions carefully and answer all questions completely.
Failure to do so may cause a delay in your application process.***

INSTRUCTIONS FOR APPLICANTS ATTENDING ACPE ACCREDITED PHARMACY EDUCATION PROGRAMS

An individual is eligible for intern licensure at the beginning of the first professional year of study in an accredited college or school of pharmacy. You must hold an intern license for any of your intern hours obtained in Michigan to count toward licensure.

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Board of Pharmacy.
2. Applicants for licensure in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. Graduates of ACPE approved pharmacy education programs must forward the College of Pharmacy Affidavit form to your school of pharmacy to verify you are eligible for a pharmacy intern license. **The College of Pharmacy Affidavit must be mailed directly from your college to this office.**
4. In order to obtain a full pharmacist license, you must complete at least 1,600 hours of internship experience.

The educational limited license is renewable annually and shall remain active while the applicant is actively pursuing a degree in an accredited college or school of pharmacy and until the applicant is licensed as a pharmacist, or for not more than one year from the date of graduation from your pharmacy program.

If you leave the college or school of pharmacy for any reason, you must notify this office immediately. If you do not re-enter the college or school of pharmacy after a break of no more than one term or semester (whichever is applicable), you must return your Educational Limited license to this office. When you re-enter a college or school of pharmacy you may reapply for an intern license upon notification from the office of the Dean of your re-admittance.

PHARMACIST EDUCATIONAL LIMITED LICENSURE INSTRUCTIONS CONTINUED

FOREIGN PHARMACY GRADUATE APPLICANT INSTRUCTIONS

INSTRUCTIONS FOR FOREIGN GRADUATES WHO DID NOT ATTEND AN ACPE ACCREDITED PROGRAM

(To comply with R338.473a 3 and 5, the foreign pharmacy graduate must apply for the educational limited license and must hold an intern license for any of your intern hours obtained in Michigan to count toward licensure.)

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Board of Pharmacy.
2. Applicants for licensure in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. Graduates of foreign pharmacy programs that are not ACPE approved must complete the Foreign Pharmacy Graduate Examination Committee certification program (FPGEC) administered by the National Association of Boards of Pharmacy (NABP). Applicants must send a signed, written request to NABP so that an official copy of the FPGEC certificate will be sent directly to the Michigan Board office. Requests should be sent to The Foreign Pharmacy Graduate Education Commission, 1600 Feehanville Drive, Mount Prospect, IL 60056-6014 or by fax (847) 391-4502.
4. In order to obtain a full pharmacist license, you must complete at least 1,600 hours of internship experience.

An educational limited license issued to a foreign Pharmacy graduate is renewed annually. The educational limited license shall remain active while the applicant is actively obtaining the required internship experience and until the applicant is licensed as a pharmacist.

PHARMACIST EDUCATIONAL LIMITED LICENSURE INSTRUCTIONS CONTINUED

INTERNSHIP INFORMATION

Hours of internship experience are computed from the date you are approved for board certification as a licensed intern. In computing the hours of internship, all of the following provisions apply:

- a. Experience is granted only upon verification by an approved pharmacy preceptor or other person previously approved by the board.
- b. The board may grant up to 400 hours of internship experience gained in unconventional internship programs (i.e. labs, factory settings). Any unconventional hours must be documented on official letterhead and sent to the Board by the preceptor.
- c. A maximum of 40 hours of internship experience is granted per calendar week when the applicant is not in school.
- d. A maximum of 16 hours of non-college-sponsored internship experience is granted per calendar week while the intern is a full-time student in a college or school of pharmacy.
- e. The board may grant credit for internship experience obtained through practice as an intern in another state if the experience was comparable to the requirements for internship in Michigan (Administrative Rule R338.473a). Verification of this experience must include dates of experience, job description or duties, and must be received directly from the state licensing office in the state where the internship hours were obtained.
- f. The board may accept experience as a licensed pharmacist in another jurisdiction as the equivalent of internship experience. Verification of licensure must be received directly from the state in which you are licensed.

An intern must be supervised by an approved pharmacist preceptor and must, at all times, practice only under the personal charge of a pharmacist. **The intern is responsible for verifying board approval of his/her pharmacy preceptor.**

The board may deny, suspend, or revoke the license of an intern or may deny hours of internship for failure to comply with pharmacy laws or rules relating to pharmacy practice or internship.

Please refer to Administrative Rule R338.473a for specific information about licensure as an intern in Michigan.

APPLICATION FOR PHARMACIST EDUCATIONAL LIMITED LICENSE

I am applying for the following:
<input type="checkbox"/> Pharmacist Educational Limited License Fee: \$40.40 [71-5302-05]

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.

1. Demographic Information		
First Name:	Middle Name:	Last Name:
U.S. Social Security #:		Birth Date:
Street Address:		Apt/Bldg. #:
City:	State:	Zip Code:
Country:		
Phone Number:	Email Address:	
Have you ever held a health professional license in any profession in Michigan?		Yes No
Was your health professional license issued after 2008?		Yes No
Health Professional Permanent ID/License Number:		Expiration Date:
Have you ever been known under any other name? If yes, list name(s):		Yes No
Will documents be received in any other name? If yes, list name(s):		Yes No

Full Name:

2. Personal Data Questions

- | | |
|---|-----------|
| 1. Have you ever been convicted of a felony?

If yes, please explain | Yes
No |
| 2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?

If yes, please explain | Yes
No |
| 3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?

If yes, please explain | Yes
No |
| 4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?

If yes, please explain | Yes
No |
| 5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?

If yes, please explain | Yes
No |
| 6. 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?

If yes, please explain | Yes
No |
| 7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?

If yes, please explain | Yes
No |
| 8. Have you ever been treated for substance abuse in the past 2 years?

If yes, please explain | Yes
No |

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available 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.

Full Name:

3. Professional Education

Provide a complete chronological record of your educational preparation.
Attach additional sheets if necessary.

Pharmacy School and Address	Graduation Date:	Degree Granted:

5. License(s) in Other State(s) or Province(s)

Do you hold or have you held a permanent pharmacist license or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). Yes
 No
DO NOT LIST TEMPORARY LICENSES. (Attach additional sheets if necessary.)

State/Country	Permanent License/ Registration Number	Date of Issue	Number of Years Licensed	Expiration Date	How Obtained (Exam or Endorsement)

6. CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

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.

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INTERNSHIP TRAINING AFFIDAVIT

Authority: Public Act 368 of 1978, as amended.
 If this form is not completed, certification will not be issued.

SECTION I - APPLICANT INFORMATION

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Print this form and then for completion of Section II, send this form to the Pharmacist Preceptor who supervised your internship. This certification must be submitted directly to the Michigan Board of Pharmacy by the Preceptor.

INTERN INFORMATION

First Name:		Middle Name:		Last Name:	
Street Address:				Apt/Bldg#:	
City:		State:		Zip Code:	
Is this a name change? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list name(s):		Is this an address change? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Michigan Permanent I.D./License Number and Expiration Date					

SECTION II

SITE INFORMATION

Site Name:		
Street Address:		
City:	State:	Zip Code:

PRECEPTOR INFORMATION

Preceptor Name:
Michigan Permanent I.D.# and Expiration Date:

PRECEPTORSHIP INFORMATION

Please separate concurrent (a maximum of 16 hours weekly can be gained while in a school) from Non-Concurrent Training (a maximum of 40 hours weekly can be gained while not in school, school breaks, vacation, etc.). Separate dates of internship from externship.

Date From	Date To	# of Weeks	Hours Per Week	Total Hours	Board Use Only
INTERNSHIP					
EXTERNSHIP					

Total Approved Hours	
Approved By	

Please print out the Application (pages 6-8), Certification of Pharmacy Education (if applicable, page 9) and the Internship Training Affidavit Form (if applicable, pages 10-11). Sign and date your application, and submit the application along with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Board of Pharmacy
PO Box 30670
Lansing MI 48909

Complete Section I of the Certification of Education Form then submit it to the Dean or Authorized person of your Pharmacy School to complete and send directly to our office.

Complete the Intern Section of the Internship Training Affidavit Form then submit to your preceptor to complete and send directly to our office.

APPLICATION CHECKLIST INSTRUCTIONS

All information should be typed or printed clearly. It is your responsibility to submit the required forms to our office.

Application Fee: Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

1. Demographic Information:

Social Security Number: Please list only a United States Social Security number.

Legal Name: List your full name: first, middle and last name.

Definition of legal name: Use the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. If your name changes after you apply, you must submit a name change to the Bureau of Professional Licensing in writing along with legal documentation within 30 days.

Birth Date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Professional Licensing. If your address changes, you must notify us in writing within 30 days.

Phone: Enter a telephone number where you can be reached in case we have questions about your application.

E-mail: Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

Other Name(s): Indicate whether you have been known by any other names.

2. Personal Data Questions: All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

3. Professional Education: List your pharmacy school(s). Include the name and address of your pharmacy school, the graduation date and degree earned.

4. License in Other State(s) and/or Province(s): List all states/provinces where you have held a pharmacist license or registration. Indicate the license/registration number, date of issue, and the method of licensure - examination or endorsement.

6. Certification: You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

TOP THINGS APPLICANTS SHOULD KNOW

1. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
2. Read the entire application before submitting it and DO NOT send the checklist to the Board of Pharmacy office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. Refund Policy: If you wish to withdraw your application, you must notify the Board of Pharmacy in writing to request a refund.
8. If your name and/or address changes please notify the Board of Pharmacy in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at www.michigan.gov/healthlicense and fax it ATTN: Applications Section to (517) 373-7179 or mail the form to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Pharmacy, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes. After your license is issued, you can change your address online at www.michigan.gov/elicense. _

GLOSSARY/DEFINITION OF TERMS

CONTACT HOUR/CREDIT	A continuing education credit or contact hour is equivalent to 50-60 minutes of program participation in a board-approved program.
CONTINUING EDUCATION UNIT	A Pharmacist is required to earn 30 hours of board-approved continuing education to renew the license.
ENDORSEMENT	Application made by an individual who holds an active license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who has taken and passed the NAPLEX and MPJE examinations.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license that has not lapsed is reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

FREQUENTLY ASKED QUESTIONS

Q. How long will it take to process my application?

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

Q. What do I do if I forgot to include my payment with my application?

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Pharmacy, PO Box 30670, Lansing, MI 48909.

Q. How do I check on the status of my application?

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at www.michigan.gov/appstatus.

Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?

We ask that you submit your application, fee and information regarding the occurrence. The agency will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction. A felony or misdemeanor related to a controlled substance or practice of pharmacy may be subject to Board review and decision pursuant to MCL 333.17768(3).

Q. How long is my license valid for?

The initial license is good for a partial licensure cycle and will expire on the upcoming June 30 renewal date. Each subsequent license will cover a full two-year cycle.

Q. How do I renew my license?

You will be mailed a renewal notice approximately six to eight weeks prior to the expiration date of your license. The notice will include instructions on how to renew your license online.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	www.michigan.gov/lara
Bureau of Professional Licensing	www.michigan.gov/bpl
Licensing Division	www.michigan.gov/healthlicense
Michigan Board of Pharmacy Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
License Verification	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense

LINKS:

National Association of Boards of Pharmacy	www.nabp.net
Identogo	www.identogo.com