



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](http://www.michigan.gov/healthlicense)

# PHARMACIST LICENSE APPLICATION PACKET

## **INCLUDED IN THIS PACKET:**

|   |             |
|---|-------------|
| 1. Mailing Information & Content.....       | Pages 1-2   |
| 2. Licensure Instructions.....              | Pages 3-5   |
| 3. Application.....                         | Pages 6-8   |
| 4. Certification of Pharmacy Education..... | Page 9      |
| 5. Internship Training Affidavit.....       | Pages 10-11 |
| 6. Printing Instructions.....               | Page 12     |
| 7. Application Checklist.....               | Page 13     |
| 8. Top Things Applicants Should Know.....   | Page 14     |
| 9. Glossary/Definition of Terms.....        | Page 15     |
| 10. Frequently Asked Questions.....         | Page 16     |
| 11. Websites & Links.....                   | Page 17     |



## PHARMACIST LICENSURE INSTRUCTIONS

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

### LICENSURE BY EXAMINATION

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 pharmacist 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. If you held a Michigan educational limited license your controlled substance license will become NULL AND VOID when your educational limited license lapses. You must apply for a new controlled substance license with this full pharmacist application. A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan.
4. Graduates of ACPE approved pharmacy education programs must forward the Certificate of Pharmacy Education form to your school of pharmacy to request verification of pharmacy education and externship hours granted. **The Certificate of Pharmacy Education must be mailed directly from your college to this office.**
5. 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 to (847) 391-4502.
6. Michigan requires 1,600 hours of internship (including externship). The Internship Training Affidavit form should be used only to report those intern hours gained in Michigan while holding an intern license. Hours gained in other states must be reported directly to this office by the Board of Pharmacy in the state where the intern hours were obtained.

## PHARMACIST LICENSURE INSTRUCTIONS CONTINUED

7. All applicants for pharmacist licensure must take and pass the NAPLEX (North American Pharmacist Licensing Exam) and the MPJE (Multi-state Pharmacy Jurisprudence Exam).
  - a. Applicants for the NAPLEX and MPJE examinations **must** apply online at [www.napb.net](http://www.napb.net). Information about content and administration of both examinations is available in the NAPLEX/MPJE Registration Bulletin that is also available only online at [www.napb.net](http://www.napb.net). The sample Scantron form included in the Bulletin cannot be printed and submitted as the registration form. The Michigan pharmacy administrative rules and Public Health Code are available at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense).
  - b. You will be issued an Authorization to Test by the testing company after you have sent in your exam registration(s) and the Michigan Board of Pharmacy has made you eligible for the exams. The Authorization to Test will contain the dates you are eligible to take the NAPLEX and MPJE. Please refer to the NAPLEX/MPJE Registration Bulletin for more information.
8. *If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. We must receive copies of any testing and/or evaluations that were done to make the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. Those documents should be included when you submit your license application and preferable prior to that date. The information should be sent to LARA, ADA/Applications, Bureau of Professional Licensing, PO Box 30670, Lansing, MI 489909.*

### **LICENSURE BY SCORE TRANSFER (PREVIOUSLY TAKEN AND PASSED THE NAPLEX EXAM)**

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 osteopathic medicine and surgery 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. If you dispense controlled substances, you must apply for both a pharmacist and controlled substance license.
4. Graduates of ACPE approved pharmacy education programs must forward the Certificate of Pharmacy Education form to your school of pharmacy to request verification of pharmacy education and externship hours granted. **The Certificate of Pharmacy Education must be mailed directly from your college to this office.**
5. 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 to (847) 391-4502.
6. Contact the NABP to seek instructions on providing your NABP licensure and exam history to Michigan. NABP can be reached at (847) 391-4406 or online at [www.nabp.net](http://www.nabp.net). Official passing scores from the NAPLEX examination **must** be received directly from the National Association of Boards of Pharmacy.
7. Michigan requires 1,600 hours of internship (including externship). The Internship Training Affidavit form should be used only to report those intern hours gained in Michigan while holding an intern license. Hours gained in other states must be reported directly to this office by the Board of Pharmacy in the state where the intern hours were obtained.

## PHARMACIST LICENSURE INSTRUCTIONS CONTINUED

8. All applicants for pharmacist licensure must take and pass the MPJE (Multi-state Pharmacy Jurisprudence Exam).
  - a. Applicants for the MPJE examinations **must** apply online at [www.napb.net](http://www.napb.net). Information about content and administration the MPJE is available in the NAPLEX/MPJE Registration Bulletin that is also available only online at [www.napb.net](http://www.napb.net). The sample Scantron form included in the Bulletin cannot be printed and submitted as the registration form. The Michigan pharmacy administrative rules and Public Health Code are available at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense).
  - b. You will be issued an Authorization to Test by the testing company after you have sent in your exam registration(s) and the Michigan Board of Pharmacy has made you eligible for the exams. The Authorization to Test will contain the dates you are eligible to take the MPJE. Please refer to the NAPLEX/MPJE Registration Bulletin for more information.
9. *If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. We must receive copies of any testing and/or evaluations that were done to make the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. Those documents should be included when you submit your license application and preferable prior to that date. The information should be sent to LARA, ADA Applications, Bureau of Professional Licensing, PO Box 30670, Lansing, MI 48909.*

## APPLICATION FOR PHARMACIST LICENSE

|  |
|--|
| <p><b>Please select the license type you are applying for from the list below:</b></p> <p>Pharmacist by Examination Fee: \$60.60 [ 71-5302-01 ]</p> <p>Pharmacist by Examination &amp; Controlled Substance Fee: \$60.60 [ 71-5302-01 ] &amp; \$85.85 [ 71-5302-13757 ] Total Fee: 146.45</p> <p>Pharmacist by Score Transfer Fee: \$60.60 [ 71-5302-01 ]</p> <p>Pharmacist by Score Transfer &amp; Controlled Substance Fee: \$60.60 [ 71-5302-01 ] &amp; 85.85 [ 71-5302-13757 ] Total Fee: \$146.45</p> |
|--|

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 by the Department.

|   |                |                  |
|---|----------------|------------------|
| <b>1. Demographic Information</b>   |                |                  |
| 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<br>No        |
| Was your health professional license issued after 2008?                         |                | Yes<br>No        |
| Health Professional Permanent ID/License Number:                                |                | Expiration Date: |
| Have you ever been known under any other name?<br>If yes, list name(s):         |                | Yes<br>No        |
| Will documents be received in any other name?<br>If yes, list name(s):          |                | Yes<br>No        |

Full Name:

## 2. Personal Data Questions

1. Have you ever been convicted of a felony?

- Yes  
 No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?

- Yes  
 No

If yes, please explain

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)?

- Yes  
 No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?

- Yes  
 No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?

- Yes  
 No

If yes, please explain

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?

- Yes  
 No

If yes, please explain

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?

- Yes  
 No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years?

- Yes  
 No

If yes, please explain

**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/<br>Registration Number | Date of Issue | Number of Years<br>Licensed | Expiration<br>Date | How Obtained<br>(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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**CERTIFICATION OF PHARMACY EDUCATION**

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. Send this form to be completed and mailed directly to this office by the dean or authorized person of your school of pharmacy. This certification must be submitted directly to the Michigan Board of Pharmacy by the pharmacy school.

|                 |                |            |
|-----------------|----------------|------------|
| First Name:     | Middle Name:   | Last Name: |
| Street Address: |                | Apt/Bldg#: |
| City:           | State:         | Zip Code:  |
| SSN:            | Date of Birth: | Email:     |

**SECTION II - CERTIFICATION TO BE COMPLETED BY THE DEAN OR AUTHORIZED PERSON OF THE PHARMACY SCHOOL AND RETURNED DIRECTLY TO THE BOARD OF PHARMACY**

I certify that \_\_\_\_\_ has met the requirements for the degree of \_\_\_\_\_  
 (Applicant's Full Name)

\_\_\_\_\_ from \_\_\_\_\_  
 (degree) (School/College of Pharmacy)

on the \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_.  
 (Month)

**COLLEGE SPONSORED INTERNSHIP EXPERIENCE**

|                       |                           |                   |
|-----------------------|---------------------------|-------------------|
| Date Experience Began | Date Experience Completed | Total Clock Hours |
|-----------------------|---------------------------|-------------------|

\_\_\_\_\_  
 Signature of Dean or Authorized Person

\_\_\_\_\_  
 Date of Signature

(SEAL)

\_\_\_\_\_  
 Print or Type Name of Dean or Authorized Person and Title

If school has no seal, please indicate

NOTE: This form may not be completed and submitted prior to the date on which the applicant's requirements for a pharmacy degree are met. If the form is received in this office prior to that date, it will be returned for submission at the appropriate time.

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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?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | If yes, list name(s): |  | Is this an address change?<br><input type="checkbox"/> Yes<br><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          |         |            |                |             |                |

Full Name: \_\_\_\_\_

The Board of Pharmacy required that interns receive professional and practical experience in all the following areas:

Pharmacy Administration and Management; Drug Distribution, Use and Control; Legal Requirements; Providing Health Information Services and Advising Patients; Pharmacists' Ethical and Professional Responsibilities; Drug and Product Information.

Use the grid below to indicate the approximate percent of internship hours that have been devoted to each area of training. Also indicate whether or not additional instruction in this area of training is indicated and planned.

| AREA OF TRAINING                                     | APPROXIMATE % OF REPORTED HOURS DEVOTED TO THIS AREA OF TRAINING | IS ADDITIONAL INSTRUCTION IN THIS AREA INDICATED & PLANNED? (YES OR NO) |
|--|--|---|
| Pharmacy Administration & Management                 |  |   |
| Drug Distribution, Use & Control                     |  |   |
| Legal Requirements                                   |  |   |
| Providing Health Information & Advising Patients     |  |   |
| Pharmacists' Ethical & Professional Responsibilities |  |   |
| Drug & Product Information                           |  |   |
| Other Internship Activities (List Below):            |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
| TOTAL  | 100%   |   |

We certify that the information provided above accurately reflects the internship experience gained during this reporting period.

Signature of Preceptor \_\_\_\_\_

Signature of Intern \_\_\_\_\_

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.

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](http://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](http://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](http://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 do I get my NAPLEX scores sent to Michigan?**

Contact the National Association of Boards of Pharmacy (NABP) online at [www.nabp.net](http://www.nabp.net) to have your scores sent directly to our office.

### **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. Do I have to earn continuing education for this first license?**

Since the initial license is valid for a partial licensure cycle you will not be required to earn continuing education. However, after the first renewal, Michigan pharmacists are required to earn 30 hours of board-approved continuing education credit over each two-year cycle of licensure. The Michigan Board of Pharmacy does not receive attendance reports or track your education for you. You should maintain copies of your continuing education certificates for at least a five year period in case you are audited by the Michigan Board of Pharmacy.

### **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 | <a href="http://www.michigan.gov/lara">www.michigan.gov/lara</a>                   |
| Bureau of Professional Licensing                        | <a href="http://www.michigan.gov/bpl">www.michigan.gov/bpl</a>                     |
| Licensing Division                                      | <a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a> |
| Michigan Board of Pharmacy Rules                        | <a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a> |
| Michigan Public Health Code                             | <a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a> |
| Application Status                                      | <a href="http://www.michigan.gov/appstatus">www.michigan.gov/appstatus</a>         |
| License Verification                                    | <a href="http://www.michigan.gov/verifylicense">www.michigan.gov/verifylicense</a> |
| Renewal Website   | <a href="http://www.michigan.gov/elicense">www.michigan.gov/elicense</a>           |

### **LINKS:**

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| National Association of Boards of Pharmacy | <a href="http://www.nabp.net">www.nabp.net</a>         |
| Identogo                                   | <a href="http://www.identogo.com">www.identogo.com</a> |