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 RELICENSURE APPLICATION PACKET

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PHARMACIST RELICENSURE INSTRUCTIONS

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

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 Michigan Board of Pharmacy.

2. Applicants for relicensure of a Michigan health professional license or registrations that has been expired **more** than 3 years are required to submit fingerprints and undergo a Criminal Background Check. 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. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**

4. If your pharmacist license expired **within** the last 3 years:

   a. Submit proof of completion of the required 30 hour of continuing education, with at least one hour in pain and symptom management and 10 hours in live programs, earned within the 2-years preceding the date of the application for relicensure. Additional information about the continuing education requirements for Michigan are available online at www.michigan.gov/healthlicense.

5. If your pharmacist license expired **more** than 3 years ago:

   a. Submit proof of completion of the required 30 hour of continuing education, with at least one hour in pain and symptom management and 10 hours in live programs, earned within the 2-years preceding the date of the application for relicensure. Additional information about the continuing education requirements for Michigan are available online at www.michigan.gov/healthlicense.

   b. Submit that you have legally practiced as a pharmacist within the 2-year period immediately preceding the date of application for relicensure. Evidence of practice can be an official letter from the employer copies of tax or other legal documents that include the name of the employer and dates of employment etc.

OR

c. Complete a program of practical pharmacy experience of not less than 200 hours as follows:

(i) The individual shall practice under the personal charge of a currently licensed pharmacist.

(ii) The individual shall notify the board, in writing, of the name of the supervising pharmacist and the name and address of the pharmacy before beginning the required practical experience.

(iii) Upon completion of the required practical experience, the supervising pharmacist shall forward to the board a verification of the applicant's completion of the hours. The practical experience must include the professional and clinical experience in the following areas:

(a) Pharmacy administration and management.
(b) Drug distribution, use and control.
(c) Legal requirements.
(d) Providing health information services and advising patients.
(e) Pharmacist's ethical and professional responsibilities.
(f) Drug and product information.

NOTE: Applicants who need to complete the 200 hours of practical experience in the State of Michigan must also apply for temporary license that is issued once and valid for 18 months.

d. Must take and pass the Multi-state Pharmacy Jurisprudence Exam (MPJE) administered by the National Association of Boards of Pharmacy (NABP).

(i) Applicants for the MPJE examination must apply online at www.nabp.net. Information about the content and administration of the MPJE is available in the NAPLEX/MPJE Registration Bulletin that is also available only online at www.nabp.net.

(ii) You will be issued an Authorization to Test (ATT) by the testing company after you have registered and submitted payment for the MPJE and have been made eligible by the Michigan Board of Pharmacy. The ATT will contain the dates you are eligible to take the MPJE.

Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLHelp@michigan.gov

APPLICATION FOR RELICENSURE, REREGISTRATION OR RECERTIFICATION

- ☐ Pharmacist Relicensure Fee: $80.60 [71-5302-06]
- ☐ Pharmacist & Controlled Substance Relicensure Fee: $ 80.60 [71-5302-06] & $85.85 [71-5315-13757] Total Fee: $166.45
- ☐ Pharmacist Temp. License & Controlled Substance Relicensure Fee: $80.60 [71-5302-06] $25.25 [71-5302-04] $85.85 [71-5315-13757] Total Fee: $191.70
- ☐ Pharmacist & Temporary License Relicensure Fee: $80.60 [71-5302-06] & $25.25 [71-5302-04] Total Fee: $105.85

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:	E-mail Address:	
Has your Michigan health professional license been lapsed more than three years?		☐ 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? ☐ 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. License(s) in Other State(s) and/or Province(s)

Do you hold or have you ever held a permanent health professional license, certification, or registration in any state or province? If yes, list each state or providence, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY/LIMITED LICENSES**. (Attach additional sheets if necessary.)

☐ Yes
☐ No

State/Province	Permanent License/Registration Number	Date of Issue	How Obtained (examination or endorsement)

4. 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.

Please print out the Application (Pages 5-7). Sign and date your application, and submit the application along with any supporting documentation and 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

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

APPLICATION CHECKLIST

❒ **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 on a separate sheet with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

❒ **3. Licenses in Other State(s) and/or Province(s):** List all states/provinces where you hold or have ever held an pharmacist license. Indicate method of licensure - examination or endorsement.

❒ **4. 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 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. **SPECIAL ACCOMMODATIONS**: If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. We also require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your educational program that describes the accommodations provided to you during your education. These documents need to be submitted with your application, if not earlier, to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Pharmacy, ATTN: ADA Request, PO Box 30670, Lansing, MI 48909.

8. REFUND POLICY: If you wish to withdraw your application, you must notify the Board in writing to request a refund.

9. If your name and/or address changes please notify the Board 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 to (517) 335-2044 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Pharmacy, Application Section, 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

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 must take and pass the national boards in order to become licensed in Michigan.
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 has been 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 are 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?

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.

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
Verify a Health Professional License	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense

LINKS:

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