LARA/HLD-053 (04/14)

Michigan Department of Licensing & Regulatory Affairs
Bureau of Health Care Services
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

BOARD OF PHARMACY – PHARMACY FACILITY RENEWAL

INSTRUCTIONS: **Forms cannot be submitted on-line. Please answer all the questions and return the completed form to the above address. The completed form may also be faxed to (517) 373-7179.**

Pharmacy Name:		
Pharmacy Street Address:		Bldg/Ste:
City:	State:	Zip Code:
Michigan Pharmacy Permanent I.D./License #:		Phone Number:

1. Have you had a federal, state or other country's health professional license revoked, suspended or otherwise disciplined?	☐ Yes ☐ No
2. Do you currently have any disciplinary action pending against you in any state, country or federal agency?	☐ Yes ☐ No
3. What percentage of your overall volume is comprised of sterile compounding?	☐ 0 - 5% ☐ 5 - 10% ☐ 11 - 25% ☐ 26 - 50% ☐ 51 - 75% ☐ 76 - 100%

Signature of Pharmacy Director or Pharmacist-in-Charge: _____ 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.