

Michigan Department of Licensing and Regulatory Affairs

**Board of Pharmacy**

P.O. Box 30670  
 Lansing, MI 48909  
 (517) 335-0918  
 www.michigan.gov/healthlicense

LARA/LPH-075 (04/11)

**DRUG CONTROL ADDITIONAL LOCATION  
 LICENSE APPLICATION**

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

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatric medicine and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs. A separate drug control license is required for each business location from which you routinely dispense drugs. YOUR ADDITIONAL DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE. All practitioners 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 338.3162b,(d).



Board Use Only

Date of Licensure

License Number

**Type or Print Only**

**INSTRUCTIONS**

- ADDRESS CHANGES:** 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 [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
- Your Drug Control license will expire with your current professional license. If your professional license expires in:  
 0-12 months the fee is \$45.00      13-24 months the fee is \$65.00      25-36 months the fee is \$85.00
- Allow up to six weeks for your paper license to arrive.

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.

**TYPE OF PROFESSIONAL LICENSE**

(Please Check One):

- 43 - 01 M.D. 71-4301-38
- 51 - 01 D.O. 71-5101-38
- 29 - 01 D.D.S. 71-2901-38
- 59 - 01 D.P.M. 71-5901-38

**STATUS:**

- Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?  
 Yes       No  
 If Yes, please explain on separate sheet.
- Is your current professional license limited as a result of Board disciplinary action?  
 Yes       No

First Name      Middle Name      Last Name

Michigan Permanent I.D. Number      Expiration Date of License

E-mail Address      Social Security Number

Street Address for Additional Location:      Telephone Number

City      State      ZIP Code

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date