

Board of Pharmacy

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

DRUG CONTROL 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. YOUR DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.

Type or Print Only

Board Use Only

Date of Licensure

License Number

INSTRUCTIONS

- DO NOT SUBMIT THIS APPLICATION AND FEE UNTIL YOU HAVE OBTAINED YOUR LICENSE NUMBER FROM YOUR PROFESSIONAL BOARD. If your license address has changed since you applied for professional licensure, contact your board immediately for an address change form. This drug control license will be issued to the address on file with the Board.
- 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
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- 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

Michigan Permanent I.D. Number

Expiration Date of License

Social Security Number

First Name

Middle Name

Last Name

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

Signature

Date

Please indicate below an address and telephone number where you can be reached concerning this application

Street

Telephone Number

City

State

ZIP Code