

Michigan Department of Licensing and Regulatory Affairs

Board of Pharmacy

PO Box 30670

Lansing, MI 48909

(517) 335-0918

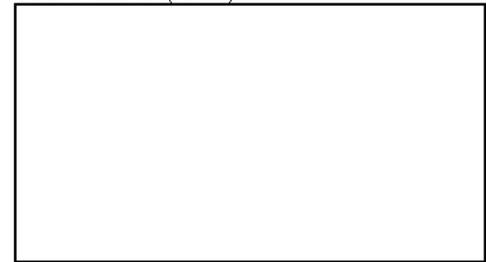
www.michigan.gov/healthlicense

**CONTROLLED SUBSTANCE ADDITIONAL LOCATION
LICENSE APPLICATION**

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

PLEASE NOTE: If you only prescribe controlled substances at more than one location, you only need one controlled substance license. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. All pharmacies, practitioners, and veterinarians 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). YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL OR PHARMACY FACILITY LICENSE.

LARA/LPH-095 (04/11)



Board Use Only
License Number
Date of Licensure

INSTRUCTIONS Type or Print Only

- ADDRESS CHANGES FOR PRACTITIONERS:** If your name and/or address changes please notify the Board in writing. To change a name or address, download the Data Change/Duplicate License Request Form from our website 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.
- FEES:** If your professional license expires in:
 0-12 months the fee is \$85.00(13757) 13-24 months the fee is \$160.00(23757) 25-36 months the fee is \$235.00 (33757)
- Allow six to eight weeks for your license to arrive.

Your check or money order drawn on a US 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> 29 - 01 DDS 71-5315 | <input type="checkbox"/> 43 - 01 MD 71-5315 | <input type="checkbox"/> 49 - 01 OD 71-5315 |
| <input type="checkbox"/> 51 - 01 DO 71-5315 | <input type="checkbox"/> 59 - 01 DPM 71-5315 | <input type="checkbox"/> 69 - 01 DVM 71-5315 |

FOR LICENSED PROFESSIONAL PRACTITIONERS:

- 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
Street Address for Additional Location:		City
		State:
		Zip Code
Michigan Permanent I.D./License Number	Expiration Date of License	Social Security Number

TYPE OF PHARMACY FACILITY LICENSE: (Please Check One):

- 53 - 01 Retail Pharmacy operating automated device in skilled nursing facility 71-5315
- 53 - 01 Hospital Pharmacy Out-Patient Surgical Facility Only 71-5315

Please list below the information which appears on your PRIMARY FACILITY controlled substance license

Business Name	Michigan Permanent I.D./License Number	Expiration Date of License
Primary Street Address		
City	State	Zip Code

I am applying for an additional controlled substance license for the location listed below and declare that the statements and information contained on this application are true.

Signature	Date
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Please list below the address for the ADDITIONAL PHARMACY FACILITY controlled substance license

Business Name:	Street Address
City	State
	ZIP Code

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 American's with Disabilities Act, you may make your needs known to this agency.