

**Board of Pharmacy**

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

**CONTROLLED SUBSTANCE LICENSE APPLICATION**

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

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

<b>Board Use Only</b>
License Number:
Date of License:

**Type or Print Only**

**INSTRUCTIONS**

1. **CONTROLLED SUBSTANCE FEE: Initial (first time) professional license or relicensure of your professional license - \$85.00. If you already hold a professional license and 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)

2. **M.D./D.O. Applicants: This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.**

3. **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.

First Name	Middle Name	Last Name
Street		Telephone Number
City	State	ZIP Code

**TYPE OF PROFESSIONAL LICENSE**

(Please Check One):

	Regular	or	Educ. Lmt.	or	Volunteer
<input type="checkbox"/> 29 - 01 D.D.S. 71-5315	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/> 59 - 01 D.P.M. 71-5315	<input type="checkbox"/>		<input type="checkbox"/>	or	<input type="checkbox"/>
<input type="checkbox"/> 69 - 01 D.V.M. 71-5315	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/> 43 - 01 M.D. 71-5315	<input type="checkbox"/>		<input type="checkbox"/>	or	<input type="checkbox"/>
<input type="checkbox"/> 51 - 01 D.O. 71-5315	<input type="checkbox"/>		<input type="checkbox"/>	or	<input type="checkbox"/>
<input type="checkbox"/> 49 - 01 O.D. 71-5330	<input type="checkbox"/>				
<input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301	<input type="checkbox"/>				
<input type="checkbox"/> 53 - 02 R.Ph. 71-5302	<input type="checkbox"/>				
<input type="checkbox"/> 53 - 06 Manuf./Wholesaler 71-5306	<input type="checkbox"/>				

**STATUS:**

1. **Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?**

Yes                       No

If Yes, please explain on separate sheet.

2. **Is your current professional license limited as a result of Board disciplinary action?**

Yes                       No

Michigan Permanent I.D. Number (as shown on your pocket card)

Expiration Date of License                      Social Security Number

**I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.**

Signature	Date
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