

Michigan Department of Licensing and Regulatory Affairs

Board of Pharmacy

P.O. Box 30670

Lansing, Michigan 48909

(517) 335-0918

www.michigan.gov/healthlicense

PHARMACIST EDUCATIONAL LIMITED LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Pharmacy. Questions regarding your application can be directed to the Michigan Board of Pharmacy at (517) 335-0918 three weeks after the date you sent the application. Please allow 6 weeks processing time.

EDUCATIONAL LIMITED PHARMACIST (INTERN) LICENSURE

INSTRUCTIONS FOR APPLICANTS ATTENDING ACPE ACCREDITED PHARMACY EDUCATION PROGRAMS

An individual is eligible for intern licensure at the beginning of the first professional year or third year, if appropriate, of study in an accredited college or school of pharmacy. You must hold an intern license for any of your intern hours obtained in Michigan to count toward licensure.

To receive a Michigan Pharmacist Intern license you must:

1. Complete the application and return it to the Board of Pharmacy with the appropriate fees. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. This office requires the dean of your college of pharmacy, or his/her authorized agent, to verify your enrollment in the college or school of pharmacy. A section of the application is provided for this purpose.

The educational limited license is renewable annually for a maximum of five years and shall remain active while the applicant is actively pursuing a degree in an accredited college or school of pharmacy and until the applicant is licensed as a pharmacist or for not more than one year from the date of graduation from your pharmacy program, unless extended by the board upon written request of the intern.

If you leave the college or school of pharmacy for any reason, you must notify this office immediately. If you do not re-enter the college or school of pharmacy after a break of no more than one term or semester (whichever is applicable), you must return your Educational Limited license to this office. When you re-enter a college or school of pharmacy you may reapply for an intern license upon notification from the office of the Dean of your re-admittance.

Hours of internship experience are computed from the date you are approved for board certification as a licensed intern. In computing the hours of internship, all of the following provisions apply:

- a. Experience is granted only upon verification by an approved pharmacy preceptor or other person previously approved by the board.
- b. The board may grant up to 400 hours of internship experience gained in unconventional internship programs (i.e. labs, factory settings). Any unconventional hours must be documented on official letterhead and sent to the Board by the preceptor.
- c. A maximum of 40 hours of internship experience is granted per calendar week when the applicant is not in school.

- d. A maximum of 16 hours of non-college-sponsored internship experience is granted per calendar week while the intern is a full-time student in a college or school of pharmacy.
- e. The board may grant credit for internship experience obtained through practice as an intern in another state if the experience was comparable to the requirements for internship in Michigan (Administrative Rule R338.473a). Verification of this experience must include dates of experience, job description or duties, and must be received directly from the state licensing office in the state where the internship hours were obtained.
- f. The board may accept experience as a licensed pharmacist in another jurisdiction as the equivalent of internship experience. Verification of licensure must be received directly from the state in which you are licensed.

An intern must be supervised by an approved pharmacist preceptor and must, at all times, practice only under the personal charge of a pharmacist. **The intern is responsible for verifying board approval of his/her pharmacy preceptor.**

The board may deny, suspend, or revoke the license of an intern or may deny hours of internship for failure to comply with pharmacy laws or rules relating to pharmacy practice or internship.

Please refer to Administrative Rule R338.473a for specific information about licensure as an intern in Michigan.

FOREIGN PHARMACY GRADUATE APPLICANT INSTRUCTIONS

INSTRUCTIONS FOR FOREIGN GRADUATES WHO DID NOT ATTEND AN ACPE ACCREDITED PROGRAM

(To comply with R338.473a 3 and 5, the foreign pharmacy graduate must apply for the educational limited license and must hold an intern license for any of your intern hours obtained in Michigan to count toward licensure.)

1. Complete the application and return it to the Board of Pharmacy with the appropriate fees. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Graduates of foreign pharmacy programs that are not ACPE approved must complete the Foreign Pharmacy Graduate Examination Committee certification program (FPGEC) administered by the National Association of Boards of Pharmacy (NABP). Applicants must send a signed, written request to NABP so that an official copy of the FPGEC certificate will be sent directly to the Michigan Board office. Requests should be sent to The Foreign Pharmacy Graduate Education Commission, 1600 Feehanville Drive, Mount Prospect, IL 60056-6014 or by fax to (847) 391-4502.

An educational limited license issued to a foreign Pharmacy graduate is valid for not more than two years from the date of issue, unless extended by the board upon written request by the intern.

Hours of internship experience shall be computed from the date you are approved for board certification as a licensed intern. In computing the hours of internship, all of the following provisions shall apply:

- a. Experience is granted only upon verification by an approved pharmacy preceptor or other person previously approved by the board.
- b. The board may grant up to 400 hours of internship experience gained in unconventional internship programs (i.e. labs, factory settings). Any unconventional hours must be documented on official letterhead and sent to the Board by the preceptor. Letter must include dates of experience and include job description or duties.

- c. A maximum of 40 hours of internship experience is granted per calendar week when the applicant is not in school.
- d. A maximum of 16 hours of non-college-sponsored internship experience is granted per calendar week while the intern is a full-time student in a college or school of pharmacy.
- e. The board may grant credit for internship experience obtained through practice as an intern in another state if the experience was comparable to the requirements for internship in Michigan (Administrative Rule R338.473a). Verification of this experience must be received directly from the state licensing office in the state where the internship hours were obtained.
- f. The board may accept experience as a licensed pharmacist in another jurisdiction as the equivalent of internship experience. Verification of licensure must be received directly from the state in which you are licensed.

An intern must be supervised by an approved pharmacist preceptor and must, at all times, practice only under the personal charge of a pharmacist. **The intern is responsible for verifying board approval of his/her pharmacy preceptor.**

The board may deny, suspend, or revoke the license of an intern or may deny hours of internship for failure to comply with pharmacy laws or rules relating to pharmacy practice or internship.

Please refer to Administrative Rule R338.473a for specific information about licensure as an intern.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Pharmacy 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 and fax it to (517) 373-2179 or mail the form (with supporting legal documentation) to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Pharmacy in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. ORIGINAL LICENSES ARE VALID FOR A YEAR OR LESS AND MUST BE RENEWED EACH YEAR. GRADUATES OF ACPE ACCREDITED PROGRAMS MAY RENEW THIS LICENSE FIVE TIMES. ALL OTHER APPLICANTS MAY RENEW THIS LICENSE TWO TIMES.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

CRIMINAL BACKGROUND CHECK FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only) AGENCY ID NUMBER IS 71734k

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number **MUST** be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at www.L1enrollment.com or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at www.cogentid.com/index.htm. Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to mihelp@cogentsystems.com.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit
1650 Wabash Ave. Ste. D
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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Applicant Instructions: Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)	Cost:

****Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

Board of Pharmacy

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APPLICATION FOR PHARMACIST EDUCATIONAL LIMITED LICENSE

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

Board Use Only

License Number:

Date of Licensure:

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- Pharmacist Educational Limited License Fee: \$40.00 71-5302-05

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
U.S. Social Security Number	Date of Birth	Daytime Phone Number ()
Street Address		E-mail Address
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes		Michigan Permanent I.D./License Number and Expiration Date

PROFESSIONAL EDUCATION

Name and Address of Pharmacy College	
Dates Attended:	
Degree Pursuing	Date of Anticipated Graduation
Degree Granted	Date of Graduation

Check the appropriate answer to each of the following questions. **NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever made application to the Michigan Board of Pharmacy in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name

IF YOU RECEIVED YOUR PHARMACY EDUCATION IN A FOREIGN PHARMACY SCHOOL THAT IS NOT ACPE ACCREDITED, PLEASE COMPLETE THE FOLLOWING:

Have you been issued a Foreign Pharmacist Graduate Educational Commission Certificate?
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<input type="checkbox"/> No <input type="checkbox"/> Yes, Date of Certification _____

CERTIFICATION

I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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COLLEGE OF PHARMACY AFFIDAVIT

(Must be completed by the Dean of the College of Pharmacy)

I have read the application of _____ for
 licensure as a pharmacy intern. Our records indicate that this student officially began his/her first professional (third) year
 of study in an accredited college of pharmacy on _____ and is
 eligible to become a pharmacy intern in Michigan.

Signature of Dean of College	Date
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Name of College

Board of Pharmacy

P.O. Box 30670

Lansing, MI 48909

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INTERNSHIP TRAINING AFFIDAVIT

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

Note: This form is to be used only to report those intern hours gained in Michigan while holding a Michigan Pharmacist Intern license. Hours gained in other states must be reported to this office directly by the Board of Pharmacy in the state where the intern hours were obtained.

INSTRUCTIONS: This form is to be completed by the Preceptor or Authorized Agent. Please use a separate Affidavit for each site where internship was completed.

INTERN INFORMATION

Type or Print Only

First Name		Middle Name	Last Name	
Street Address			Michigan Permanent I.D. Number and Expiration Date	
City		State	ZIP Code	
Is this a name change? <input type="checkbox"/> No <input type="checkbox"/> Yes- If yes, indicate previous name _____			Is this an address change? <input type="checkbox"/> No <input type="checkbox"/> Yes	

SITE INFORMATION

Site Name	Street Address		
City	State	ZIP Code	

PRECEPTOR INFORMATION

Preceptor Name	Preceptor Michigan Permanent I.D. Number and Expiration Date
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PRECEPTORSHIP INFORMATION

Please separate concurrent (a maximum of 16 hours weekly can be gained while in a school) from Non-Concurrent Training (a maximum of 40 hours weekly can be gained while not in school, school breaks, vacation, etc.). Separate dates of internship from externship.

Date From	Date To	# of Weeks	Hours Per Week	Total Hours	Board Use Only
INTERNSHIP					
EXTERNSHIP					
Total Approved Hours					
Approved by					

Name

The Board of Pharmacy requires that Interns receive professional and practical experience in all of the following areas: Pharmacy Administration and Management; Drug Distribution, Use and Control; Legal Requirements; Providing Health Information Services and Advising Patients; Pharmacists' Ethical and Professional Responsibilities; Drug and Product Information.

Use the grid below to indicate the approximate percent of internship hours that have been devoted to each area of training. Also indicate whether or not additional instruction in this area of training is indicated and planned.

AREA OF TRAINING	APPROXIMATE % OF REPORTED HOURS DEVOTED TO THIS AREA OF TRAINING	IS ADDITIONAL INSTRUCTION IN THIS AREA INDICATED & PLANNED? (YES OR NO)
Pharmacy Administration & Management		
Drug Distribution, Use, & Control		
Legal Requirements		
Providing Health Information & Advising Patients		
Pharmacists' Ethical & Professional Responsibilities		
Drug & Product Information		
Other Internship Activities (List Below):		
TOTAL	100%	

We certify that the information provided above accurately reflects the internship experience gained during this reporting period.

Preceptor's Signature

Intern's Signature