



Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services

Board of Pharmacy

PO Box 30670

Lansing MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

PHARMACIST LICENSE APPLICATION PACKET

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PHARMACIST LICENSURE INSTRUCTIONS

*** Please read application instructions carefully and answer all questions completely. Failure to do so may cause a delay in your application process.***

LICENSURE BY EXAMINATION

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Board of Pharmacy.
2. Applicants for pharmacist licensure in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. **You should make contact with an approved agency within 7-10 days after application submission.** Additional documentation is included in this packet offering detailed instruction on the CBC and fingerprinting process.
3. If you held a Michigan educational limited license your controlled substance license will become NULL AND VOID when your educational limited license lapses. You must apply for a new controlled substance license with this full pharmacist application. A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan.
4. Graduates of ACPE approved pharmacy education programs must forward the Certificate of Pharmacy Education to your school of pharmacy to request verification of pharmacy education and externship hours granted. **The Certificate of Pharmacy Education must be mailed directly from your college to this office.**
5. 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.
6. Michigan requires 1,600 hours of internship (including externship). The Internship Training Affidavit form should be used only to report those intern hours gained in Michigan while holding an intern license. Hours gained in other states must be reported directly to this office by the Board of Pharmacy in the state where the intern hours were obtained.

PHARMACIST LICENSURE INSTRUCTIONS CONTINUED

7. All applicants for pharmacist licensure must take and pass the NAPLEX (North American Pharmacist Licensing Exam) and the MPJE (Multi-state Pharmacy Jurisprudence Exam).
 - a. Applicants for the NAPLEX and MPJE examinations **must** apply online at www.napb.net. Information about content and administration of both examinations is available in the NAPLEX/MPJE Registration Bulletin that is also available only online at www.napb.net. The sample Scantron form included in the Bulletin cannot be printed and submitted as the registration form. The Michigan pharmacy administrative rules and Public Health Code are available at www.michigan.gov/healthlicense.
 - b. You will be issued an Authorization to Test by the testing company after you have sent in your exam registration(s) and the Michigan Board of Pharmacy has made you eligible for the exams. The Authorization to Test will contain the dates you are eligible to take the NAPLEX and MPJE. Please refer to the NAPLEX/MPJE Registration Bulletin for more information.
8. *If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. We must receive copies of any testing and/or evaluations that were done to make the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. Those documents should be included when you submit your license application and preferable prior to that date. The information should be sent to LARA, ADA/Applications, Bureau of Health Care Services, PO Box 30670, Lansing, MI 489909.*

LICENSURE BY SCORE TRANSFER (PREVIOUSLY TAKEN AND PASSED THE NAPLEX EXAM)

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Board of Pharmacy.
2. Applicants for osteopathic medicine and surgery licensure in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. **You should make contact with an approved agency within 7-10 days after application submission.** Additional documentation is included in this packet offering detailed instruction on the CBC and fingerprinting process.
3. If you dispense controlled substances, you must apply for both a pharmacist and controlled substance license.
4. Graduates of ACPE approved pharmacy education programs must forward the Certificate of Pharmacy Education to your school of pharmacy to request verification of pharmacy education and externship hours granted. **The Certificate of Pharmacy Education must be mailed directly from your college to this office.**
5. 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.
6. Contact the NABP to seek instructions on providing your NABP licensure and exam history to Michigan. NABP can be reached at (847) 391-4406 or online at www.nabp.net. Official passing scores from the NAPLEX examination **must** be received directly from the National Association of Boards of Pharmacy.
7. Michigan requires 1,600 hours of internship (including externship). The Internship Training Affidavit form should be used only to report those intern hours gained in Michigan while holding an intern license. Hours gained in other states must be reported directly to this office by the Board of Pharmacy in the state where the intern hours were obtained.

PHARMACIST LICENSURE INSTRUCTIONS CONTINUED

8. All applicants for pharmacist licensure must take and pass the MPJE (Multi-state Pharmacy Jurisprudence Exam).
 - a. Applicants for the MPJE examinations **must** apply online at www.napb.net. Information about content and administration the MPJE is available in the NAPLEX/MPJE Registration Bulletin that is also available only online at www.napb.net. The sample Scantron form included in the Bulletin cannot be printed and submitted as the registration form. The Michigan pharmacy administrative rules and Public Health Code are available at www.michigan.gov/healthlicense.
 - b. You will be issued an Authorization to Test by the testing company after you have sent in your exam registration(s) and the Michigan Board of Pharmacy has made you eligible for the exams. The Authorization to Test will contain the dates you are eligible to take the MPJE. Please refer to the NAPLEX/MPJE Registration Bulletin for more information.
9. *If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. We must receive copies of any testing and/or evaluations that were done to make the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. Those documents should be included when you submit your license application and preferable prior to that date. The information should be sent to LARA, ADA Applications, Bureau of Health Care Services, PO Box 30670, Lansing, MI 48909.*

Michigan Department of Licensing and Regulatory Affairs
Board of Pharmacy
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www.michigan.gov/healthlicense

For Board Use Only
License #:
Issue Date:

APPLICATION FOR PHARMACIST LICENSE

Please select the license type you are applying for from the drop down list below:

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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.

1. Demographic Information		
First Name:	Middle Name:	Last Name:
U.S. Social Security #:		Birth Date:
Street Address:		Apt/Bldg. #:
City:	State:	Zip Code:
Country:		
Phone Number:		Email Address:
Have you ever held a health professional license in any profession in Michigan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your health professional license issued after 2008?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professional Permanent ID/License Number:		Expiration Date:
Have you ever been known under any other name? If yes, list name(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will documents be received in any other name? If yes, list name(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:

2. Personal Data Questions

1. Have you ever been convicted of a felony?

 Yes
 No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?

 Yes
 No

If yes, please explain

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)?

 Yes
 No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgements in any consecutive 5 year period?

 Yes
 No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgements totaling \$200,000 in any consecutive 5 year period?

 Yes
 No

If yes, please explain

6. Have you ever held a health professional license or registration in this or any other state, the federal government, the United States military, or another country that:

a. has been fined, denied, revoked, suspended, or otherwise disciplined?

 Yes No

b. has pending disciplinary action?

 Yes No

If yes, please explain

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?

 Yes
 No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years?

 Yes
 No

If yes, please explain

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

Full Name: _____

3. Professional Education

**Provide a complete chronological record of your educational preparation.
Attach additional sheets if necessary.**

Pharmacy School and Address	Graduation Date:	Degree Granted:

5. License(s) in Other State(s) or Province(s)

Do you hold or have you held a permanent osteopathic license or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). Yes
 No

DO NOT LIST TEMPORARY LICENSES. (Attach additional sheets if necessary.)

State/Country	Permanent License/ Registration Number	Date of Issue	Number of Years Licensed	Expiration Date	How Obtained (Exam or Endorsement)

6. CERTIFICATION

I understand that it is the policy of this agency to secure a 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, 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 grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant _____ Date _____

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 Americans with Disabilities Act, you may make your needs known to this agency.

Board of Pharmacy

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www.michigan.gov/healthlicense**CERTIFICATION OF PHARMACY EDUCATION**

Authority: Public Act 368 of 1978, as amended.

If this form is not completed, certification will not be issued.

SECTION I - APPLICANT INFORMATION

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Send this form to be completed and mailed directly to this office by the dean or authorized person of your school of pharmacy. This certification must be submitted directly to the Michigan Board of Pharmacy by the pharmacy school.

First Name:	Middle Name:	Last Name:
Street Address:		Apt/Bldg#:
City:	State:	Zip Code:
SSN:	Date of Birth:	Email:

SECTION II - CERTIFICATION TO BE COMPLETED BY THE DEAN OR AUTHORIZED PERSON OF THE PHARMACY SCHOOL AND RETURNED DIRECTLY TO THE BOARD OF PHARMACY

I certify that _____ has met the requirements for the degree of
(Applicant's Full Name)

_____ from _____
(degree) (School/College of Pharmacy)

on the _____ day of _____, year of _____.
(Month)

COLLEGE SPONSORED INTERNSHIP EXPERIENCE

Date Experience Began	Date Experience Completed	Total Clock Hours
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Signature of Dean or Authorized Person

Date of Signature

Print or Type Name of Dean or Authorized Person and Title

(SEAL)

If school has no seal, please indicate

NOTE: This form may not be completed and submitted prior to the date on which the applicant's requirements for a pharmacy degree are met. If the form is received in this office prior to that date, it will be returned for submission at the appropriate time.

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INTERNSHIP TRAINING AFFIDAVIT

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

SECTION I - APPLICANT INFORMATION

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Print this form and then for completion of Section II, send this form to the Pharmacist Preceptor who supervised your internship. This certification must be submitted directly to the Michigan Board of Pharmacy by Preceptor.

INTERN INFORMATION

First Name:		Middle Name:		Last Name:	
Street Address:				Apt/Bldg#:	
City:		State:		Zip Code:	
Is this a name change? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list name(s):		Is this an address change? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Michigan Permanent I.D./License Number and Expiration Date					

SITE INFORMATION

Site Name:		
Street Address:		
City:	State:	Zip Code:

PRECEPTOR INFORMATION

Preceptor Name:
Michigan Permanent I.D.# and Expiration Date:

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	

Full Name: _____

The Board of Pharmacy required that interns receive professional and practical experience in all 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.

Signature of Preceptor _____ Signature of Intern _____

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 Americans with Disabilities Act, you may make your needs known to this agency.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For Applicants in Michigan)**

1. Applicants for a Michigan health professional license must have their fingerprints taken under an Agency ID/ORI Number specific for the board for which they are applying. Fingerprints may be taken by either Identogo (formerly L-1 Enrollment) or another agency listed at www.michigan.gov/lsvendor. Whether you use Identogo or another agency, you must use an Agency ID Number for a Health Professional licensing board. These Agency ID numbers **MUST** be used in order to have the fingerprint report sent to the Health Professions Licensing Division. Receipts **should not** be mailed to the office, but kept for your own records.
2. Please complete the Livescan Fingerprint Request Form and check the box for the profession for which you have applied. Incorrectly selected professions/agency ID's may delay the criminal background check process.
3. You must bring the Livescan Fingerprint Request Form with 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 fingerprint agency when registering and/or scheduling your appointment.
4. When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police.
5. If no criminal history is found, the Health Professions Licensing Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.
7. Information about fees and scheduling your fingerprint appointment with Identogo can be found at www.identogo.com or by calling 1-866-226-2952.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
10. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
HEALTH PROFESSIONS DIVISION

STEVE ARWOOD
DIRECTOR

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

1. Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.
2. Submit the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for \$62.75, made payable in U.S. Funds, to MorphoTrust USA to the following address:

MorphoTrust USA
Attn: Card Scan Processing Unit
3051 Hollis Drive Ste 310
Springfield IL 62704

3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.
4. Identogo will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Health Professions Licensing Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.
7. Call Identogo toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Applicants for a Michigan health professional license must have their fingerprints taken under the Agency ID/ORI Number specific for the board for which they are applying.
10. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
11. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.



STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

BUREAU OF HEALTH CARE SERVICES

RICK SNYDER
GOVERNORSTEVE ARWOOD
DIRECTOR**LIVESCAN FINGERPRINT REQUEST FORM**

Applicant Instructions: Please complete the top section of this form, print it and take it along with your picture ID to your scheduled appointment or if you are an out of state/out of country applicant please mail it along with your fingerprints.

First Name:		Middle Name:		Last Name:	
Street Address:				Apt/Bldg. #:	
City:		State:		Zip Code:	
Phone Number:			Country:		
Date of Birth (MM/DD/YYYY):			Race:		Sex:
Height:	Weight:	Eye Color:		Hair Color:	
License/Registration you are applying for:					

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINT AGENCY

Fingerprint Date:	TCN:
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Type of ID Presented:

REQUESTING AGENCY INFORMATION

Agency Name Agency ID Number: MI DEPT OF LARA - Pharmacy Agency ID #90905H
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)

LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
HEALTH PROFESSIONS DIVISION
611 W. OTTAWA ST. 1ST FL P.O. BOX 30670 LANSING, MICHIGAN 48909
www.michigan.gov/healthlicense (517) 335-0918

Please print out the Application (pages 5-8), Certification of Pharmacy Education (if applicable) (page 9) Internship Training Affidavit Form (if applicable) (pages 10-11), and the LiveScan Fingerprint Request Form (page 14). Sign and date your application, and submit the application along with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Board of Pharmacy
PO Box 30670
Lansing MI 48909

Complete Section I of the Certification of Education Form then submit it to the Dean or Authorized person of your Pharmacy School to complete and send directly to our office.

Complete the Intern Section of the Internship Training Affidavit Form then submit to your preceptor to complete and send directly to our office.

Schedule your fingerprints to be taken 7-10 business days after you have mailed your application to our office.

APPLICATION CHECKLIST INSTRUCTIONS

All information should be typed or printed clearly. It is your responsibility to submit the required forms to our office.

Application Fee: Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

1. Demographic Information:

Social Security Number: Please list only a United States Social Security number.

Legal Name: List your full name: first, middle and last name.

Definition of legal name: Use the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. If your name changes after you apply, you must submit a name change to the Bureau of Health Care Services in writing along with legal documentation within 30 days.

Birth Date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Health Care Services. If your address changes, you must notify us in writing within 30 days.

Phone: Enter a telephone number where you can be reached in case we have questions about your application.

E-mail: Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

Other Name(s): Indicate whether you have been known by any other names.

2. Personal Data Questions: All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

3. Professional Education: List your pharmacy school(s). Include the name and address of your pharmacy school, the graduation date and degree earned.

4. License in Other State(s) and/or Province(s): List all states/provinces where you have held a pharmacist license or registration. Indicate the license/registration number, date of issue, and the method of licensure - examination or endorsement.

6. Certification: You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

TOP THINGS APPLICANTS SHOULD KNOW

1. **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.
2. Read the entire application before submitting it and DO NOT send the checklist to the Board of Pharmacy office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. Refund Policy: If you wish to withdraw your application, you must notify the Board of Pharmacy in writing to request a refund.
8. 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 at www.michigan.gov/healthlicense and fax it ATTN: Applications Section to (517) 373-7179 or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Pharmacy, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes. After your license is issued, you can change your address online at www.michigan.gov/elicense.

GLOSSARY/DEFINITION OF TERMS

CONTACT HOUR/CREDIT	A continuing education credit or contact hour is equivalent to 50-60 minutes of program participation in a board-approved program.
CONTINUING EDUCATION UNIT	A Pharmacist is required to earn 30 hours of board-approved continuing education to renew the license.
ENDORSEMENT	Application made by an individual who holds an active license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who has taken and passed the NAPLEX and MPJE examinations.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license that has not lapsed is reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

FREQUENTLY ASKED QUESTIONS

Q. How long will it take to process my application?

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

Q. What do I do if I forgot to include my payment with my application?

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Pharmacy, PO Box 30670, Lansing, MI 48909.

Q. How do I check on the status of my application?

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at www.michigan.gov/appstatus.

Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?

We ask that you submit your application, fee and information regarding the occurrence. The Board of Pharmacy will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

Q. How do I get my NAPLEX scores sent to Michigan?

Contact the National Association of Boards of Pharmacy (NABP) online at www.nabp.net to have your scores sent directly to our office.

Q. How long is my license valid for?

The initial license is good for a partial licensure cycle and will expire on the upcoming June 30 renewal date. Each subsequent license will cover a full two-year cycle.

Q. Do I have to earn continuing education for this first license?

Since the initial license is valid for a partial licensure cycle you will not be required to earn continuing education. However, after the first renewal, Michigan pharmacists are required to earn 30 hours of board-approved continuing education credit over each two-year cycle of licensure. The Michigan Board of Pharmacy does not receive attendance reports or track your education for you. You should maintain copies of your continuing education certificates for at least a five year period in case you are audited by the Michigan Board of Pharmacy.

Q. How do I renew my license?

You will be mailed a renewal notice approximately six to eight weeks prior to the expiration date of your license. The notice will include instructions on how to renew your license online.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	www.michigan.gov/lara
Bureau of Health Care Services	www.michigan.gov/bhcs
Health Professions Division	www.michigan.gov/healthlicense
Michigan Board of Pharmacy Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
License Verification	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense

LINKS:

National Association of Boards of Pharmacy	www.nabp.net
Identogo	www.identogo.com